8

TO FUNERAL DIRE

VS A15 (4) 1SM 10/57

14248

14256 **CERTIFICATE OF DEATH**

Reg. Dist. No.

o. COUNTY	Washingto	n	MARYLAN	D 2. USUA o. ST/	RESIDENCE (W	there decease	ed lived. If ins b. COU	NTY FIL	alton	admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	b c. CII	Y OR TOWN (II	outside corp	orote limits, wr	ite RURAL on	d give neares	st lown)
agerstow			1 Day		Needmo:	re Pe	nna.		15x-	3
	PITAL (If not in hospital, g	ive street	oddress)	d. ST	REET ADDRESS					IS RESIDENCE
Washingt	on Countyb	Hosp	pital	N	eedmor	e Pen	na.			VES NO M
3. NAME OF DECEASED (Type or print)	fir Mar	gare	t Ellen	Adels	berger	4. DATE OF DEATH		Month 12	25	Yeor 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE O	F BIRTH	FR. X	9. AGE (In yolost birthd	ears IF UND		UNDER 24 HRS
F.	W.	WIDOWE	DIVORCED	9.15.	1909		19	yrs. 3 Month	s Boys H	Hours Min.
Oa. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN			e or foreign	country)	12.	CITIZEN OF	WHAT COUNTR
	orking life, even if retired)	Housewife	T	hall thom	Count	bar Don	20	TT C A	
House 3. FATHER'S NAME	wile		Housewife		ulton		Ly Pen	na.	U.S.A	1.0
	A Waltz				[ennie	MelT	ott			
5. WAS DECEASEDEN Yes. no. or unknown)	/ER IN U. S. ARMED FOR I (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 1	7. INFORMAN	T			Address		
No				Walter	E Ade	lsber	rger N	eedmo	re Pe	nna.
	EATH [Enter only one co	use per lir	ne for (o), (b), and (c).]						INTERV	AL BETWEEN
PART I. DI	ATH WAS CAUSED BY:	. Ac	ute pancre	atitio	184				ONSET	davs
5511 X	IMMEDIATE CAUSE (o	124734	ave paricio	aurur	21.1					uays
0041			-7-73-663	2 - 101	- '				-	*********
Conditions, if) Un	olelithias	13.(?						years
couse (o), stotin	g the under- DUE TO									
lying couse lost										
PART 11. O			ONTRIBUTING TO DEATH				and the second		ART 1(o) 19.	WAS AUTOPSY PERFORMED?
Hyper	tensive c	ardi	o-vascular	disea	ise; X	WMKX	NEDNKA	N		ES NO
OR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter n	ature of injury in	Port I or Pa	rt II of item 1B	.)		
20c. TIME OF INJU Hour o. m p. m	10	or 20d. It While of work	_ Not while_	PLACE OF IN foctory, street	JURY (Home, for , office bldg., et	m, 20f. (Cit	y or town)		(County)	(Stote
21. I certify	that attended the	decease	ed from Dec.	21 19	58, to I	Dec.	22 . 19	58 that	I last saw	the deceas
alive on De	/ 00	. 19 [58, and that de	ath accurre	d at 11:2	MAOS	m the cour	es and an	the date	stated about
1/			, , , , , , , , , , , ,				Street, city or to		THE GOIE	DATE SIGN
ACTUAL &	hard !	1. *	anver	_м.р. 1.3	8 W. W		ngton		Dec.	23]
SIGNATURE		1		M.D	Q	aputi	R COII	50.	Doc.	
PHYSICIAN'S NAME (Type)	Richard V.	Han	uver, M. D.	На	gersto	wn, N	ld.			
20. BURIAL, CREMATI)F	22c. NAME OF CEMETER	Y OR CREMATE	ORY	22d. LOCA	TION (City, to	wn, or county	r)	(Stote)
REMOVAL (Specif	12.26	.58	Tonoloway	Dont.		Mos	dmore	T117 +	on Do	
3. FUNERAL DIRECTO		-/-	ADDRESS	papt1	240 PEC	D BY REGIS		F'11] t		nna.
House	0 00	. 0	11)		EC 2 9 "		Civiliun		
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Property To	and . Amounted the	THE RESERVE OF THE PERSON OF T		The second
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				074

HEALTH DEPT.

Files. Health,

MINER: This certificate should be executed within 24 hours ofter death. If any delay is necriting the word "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the funeral distriction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3	14257 ME	DICAL EXAMINER'S	S CERTIFICAT	TE OF D	EATH	Reg. Dis	I I A X	: •/	
1. PLACE OF DEATH	ington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
b. CITY OR TOWN and give nearest	N (If outside corporate limits, write lown Hagerstown	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write		give nearest to	own)	
d. NAME OF HOS		not in hospitat, give street address)	Donne ybr	ook Dr	Lve R	. F.		RESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	Robert	Wilson Ar	d Lost	4. DATE OF DEATH D	ecemb			Yeor 19 58	
5. SEX Male	6. COLOR OR RACE White	7- MARRIED A NEVER MARRIED B			GE (In years of birthday)	Months D	YEAR IF UNI	DER 24 HRS. Min.	
13. FATHER'S NAME W 15. WAS DECEASED (Yes, no or unknown)	ilson P. A	CES? 16. SOCIAL SECURITY NO. 17. II	14. MOTHER'S MAIDEN NOT MAIN MAIN NEORMANT	y A. Bu	Penn 11ock Address Rou		Hag.	Mda	
	DEATH [Enter only one caus	e per line for (o), (b), ond (c).]					INTERVAL BETWO	VEEN	
822	MMEDIATE CAUSE (a) DUE TO f ony, which (b) mediate cause	Multiple frac Haemathorax a		3					
PART II.	OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIV	EN IN PART		AUTOPSY ORMED?	
PRIMARYAD or CAUSE OF DEA	CONTRIBUTING [Driver of autom	Enler noture of injury in Por obile that						
20c. TIME OF IN			CE OF INJURY (Home, form	n. 20f. (City or t	own)	(Cour	ity)	(State)	

Street

7:12p.m. 120 | Fork ot work -Hagerstown Dec. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry , Inspection and in my apinian death resulted fram: Natural causes , Accident X Suicide . Hamicide Undetermined manner

CHIEF MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type)

S. Robert Wells, M.D.

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

270. BURIAL, CREMATION, BEMOVAL (Specify) Burial

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Cemetery 22d. LOCATION (City, town, or county)

(Stale)

23. FUNERAL DIRECTOR'S SIGNATURE

Rose Hill ADDRESS

240. REC'D BY REGISTRAR

Ma 24b. REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

TO DEPUTY MEDICAL

to the

its designated agent, 4 should be for Hed TO FUNERAL DIRECTOR:

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Scott F. Minnich & Son

Hagerstown

PARTONITAGONIA STANDANTO THE ATT CETTAGON DANNA MERICA PARTONIA EXAMINEROS CERTAREASE OF DEATH

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Hook I. Manish & Son Hegerstown "d. | was --

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14258 CERTIFICATE OF DEATH Reg. Dist. No filed with Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington MARYLAND District of Bolumbi b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) lagerstown Washington, D.C. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W Jackson Convalescent Home 2370 Massachusetts Ave 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH CARRIE ARMSTRONG 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS (ost birthday) Months Female. white May 12, 1874 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Canada 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Port George, Nova Scotia House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Capt. James Boyd Eleanore Weaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rev. J. Boyd Davis Blue Ridge Summit. Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) merge **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. fr. Not while at wark at work 21. I certify that I attended the deceased from PCC and that death occurred at 5 15 M, from the causes and on the date stated above ADDRESS (Street, city or lown, stote) ACTUAL should PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) emoval Pine Grove Massachusetts 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 arthur & Krous

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	AND DESCRIPTION
	14 Test Person
DESCRIPTION OF STREET	A many

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VS A1S (4) 1SM 10/S7

CERTIFICATE OF DEATH

Pag Dist No

14251

	nag. Dist. 140.
1. PLACE OF DEATH o. COUNTWAS hington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Penn b. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Hagerstown c. LENGTH OF STAY IN 1b 2 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Line
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION . Washington St.	BOX 123 e. IS RESIDENCE ON A FARM? YES \(\sqrt{1}\) NO \(\sqrt{1}\)
3. NAME OF DECEASED (Type or print) Nellie Virginia	Artz d. DATE December 16 Yeor 58
S. SEX Female 6. COLOR OR RACE White Widowed Divorced	B. DATE OF BIRTH AUG. 17, 1890 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator Printing	11. BIRTHPLACE (Stote or foreign country) Hagers town lad.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Lum	Nellie Creager
(Yes, no or unknown) (If yes, give wor or dates of service)	INFORMANT Address
Mr	es. John Artz St. Line Pa.
20a. ACCIDENT WAS UNDERLYING DO 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING DOLLARS OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED? YES NO DE LA CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED.
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
21. I certify that I attended the deceased from Ala	16, 19 1, to Wile 16, 190 that I last saw the deceased
alive on A le (and that death	occurred atM, from the causes and on the date stated above.
ACTUAL SIGNATURE STORMATURE	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
PHYSICIAN'S Dr. J. H. Beachley	Hagerstown Md.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BUTIAL Specify) 12-19-58 Rose Hill	(order)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstow	n Md OABEC 2 2 '58 arthur S. Kraus

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	Tell 1			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 14323

4252

	14	4323	CERTIFIC	ATE OF DE	ATH		Reg. Dist.		# () (»)
1. PLACE OF DEATH	hington		MARYLAND	2. USUAL RESIDENCE O. STATE Md.		eased lived. If institute b. COUN	wtion: Residence	before odr	mission)
b. CITY OR TOWN (I	If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside c	orporate limits, write			
Cle	arspring		3 mos.	X C	learsp	ring			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, o	x 12		d. STREET ADDR	Box 1	28		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fii CHA	RLES	Middle E.	ATHERTON	4. DA		onth	Doy 958	Yeor
5. SEX	•		ED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1		
Male	White	WIDOWE			92	lost birthdoy) Months De	ays Hou	
100. USUAL OCCUPATION during most of work Laborer	ON (Give kind of work king life, even if retired)	nitions Dep			g, Pa., R1		ISA	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA					
B.Fr	ank Ather	ton		Alic	ce Ras	D			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT			ddress	Md.	
no	(ii yes, give war ar date or s	1	88-05-7245	Mrs. Ch	nas. E	.Atherto	n, Clea	rspr	ing,
PART 1. DEA /5/ X Conditions, If o gove rise to i	mmediate (Morris f.	10 toples	:h			INTERVAL ONSET AL	BETWEEN ND DEATH
lying couse lost.	ine under-)							
<u>Z</u>		DITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE	TERMINAL DIS	SEASE CONDITION O	HVEN IN PART 1	PER	AS AUTOPSY REORMED?
	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ury in Port I or	Port II of item 1B)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	JURY OCCURRED 20e. I	PLACE OF INJURY (Home octory, street, office bld	g., etc.)	(City or town)	(Cou	inty)	(Stote)
110	not I oftended the	deceose	~	1947, 10	Nec 1		,that I los		
alive on_ 70	7.1-1		ond that deal	h occurred at		from the causes & (Street, city of 1999)		dote sto	ated obove
SIGNATURE HA	Sylfrel	eewa	<u> </u>	M.D. 159 W.	Work	the cho	log som	on les	My
PHYSICIAN'S P	hilip J. Hi	irshma	m, M.D.						
220. BURIAL, CREMATIO REMOVAL (Specify) BULIAL	1-1-1-1	58	22c. NAME OF CEMETERY Pine Grov			CATION (City, Iown	,,		itote)
23. FUNERAL DIRECTOR			ADDRESS	240	REC'D BY RE		GISTRAR'S SIGN		- 1
-11U.	Linns	u.	Mercersbu	irg, Pa. DA	DEC 15	'58 a	Thun & the	au A	

Then please remove carbon papers. Pages 1 and 2 should be filed with event within 72 hours ofter death. may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then plagse, emove carbon papers. Pages 1 and 2 sh the registrar priar to burial, crematian, ar remaval, and in any event

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4

The content of the	all int an	IE OF DEATH		
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2000

Maryland

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Washington

MARYLAND

c. LENGTH OF STAY IN 16

death. Page 4

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requires that the death certificate be executed within 24 haurs offer

1. PLACE OF DEATH
o. COUNTY ashington

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

the registror prior to buriol, cremotion.

	Hagerstown	13 Yrs	03 Hagerst	own			
d	NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION	street address)	d. STREET ADDRESS				. IS RESIDENCE
	324 Devonshire R		324 Devo:	nshire	Road		YES NO
3. N	AME OF First	Middle	Lost	4. DATE	Month	C	Day Year
	Pope or print) LEAFY	FORREST	BLUBAUGH	OF DEATH	necemb	er 27	1958
5. SI		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF	UNDER I YEA	R IF UNDER 24 HRS.
			July 16 19:	12	10st birthday) A	lonths Days	Hours Min.
10o.	USUAL OCCUPATION (Give kind of work done				24-2	12. CITIZEN	OF WHAT COUNTRY
]	during most of working life, even if retired) Housewife	Own Home	Point of	Rocke	Fred Co		USA
	ATHER'S NAME	1 OWN HOME	14. MOTHER'S MAIDEN N		1100 00		0 011
	Charles P Shrv		Bert'	ha Lee	Fran		
15. V	VAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT	ind nee	Address		
	no. or unknown) (If yes, give wor or dates of service	14-09-3836 C	hester W. B	luhang	h 324 D	evons	hire Rd
-	18. CAUSE OF DEATH [Enter only one couse		Hagerstown		0012		
	PART I. DEATH WAS CAUSED BY:	Coronary Thro		244.00			TERVAL BETWEEN
	IMMEDIATE CAUSE (o)	GOTOMATY THE	MIDOSTS			VI.	inutes.
	420.1 DUE TO	Atherosclerot	to Candiana	0011700	Disco)
	Conditions, if any, which agove rise to immediate	Acherosciero	ic cardiova	scular	DISeas	se S	months
	couse (o), stoting the under-						
z	PART II. OTHER SIGNIFICANT CONDITION	ONE CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TERM	NAL DISEASE C	ONDITION CIVEN	INCOADT 1/-1	10 WAS AUTORSY
읦	TARI II. OTHER SIGNIFICANT CONDITI		I NOT KELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	IN PART I(0)	PERFORMED?
5	20- ACCIDENT WAS INDESTRING TO 120h	None. DESCRIBE HOW INJURY OCCURRI	D (f-1	Post I on Post II	of item 10)		YES NO NO
ū	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR	D. (Enter nature at injury in	Fort I dr Fort II	or item 15.)		
MEDICAL	Hour o. m.	20d. INJURY OCCURRED 20e. P While Not while for work of work	ACE OF INJURY (Home, form actory, street, office bldg., etc	, 20f. (City or	town)	(Count)	y) (State)
- 1-	F		, 19 58 ta I	200 20	7 50		
	21. I certify that I attended the de						
	alive an Dec.	19 , and that death	occurred at 3:45		he causes and t, city or town, sto		
	ACTUAL MOST	510/	Mp 119 Nort			,	DATE SIGNED 2-29-58
	ACTUAL		M.D. 110 101 0	11 1000	mac 50	14	-22-20
	PHYSICIAN'S R.A.Bell	, M.D.	Hagersto	wn, Ma	ryland.)	
22o.	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/30/58	22c. NAME OF CEMETERY C	or CREMATORY	The state of the s	N (City, town, or o		(Stote)
23. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAL	ra town		URE NO.
		Hagerstown Md		150	- Chris	1 3. Turn	Que.
	T. OGII DELI	TITERIE LO MU MO	nvi8W)				

VS A15 (4)

TO HOSPITAL OR

MARYCAND STATE DEPARTMENT OF HEALTH-BALTIMORE TO

		ELMEST PERSONAL TO	Party Corps	
0.00	7060 88 HOME			
				TO SECURE OF THE PARTY OF THE P
	in on a few order			
	ATT AND THE REST			September 1 and street 1 71
	In the		7.168	A LANGE THE SECOND
			Birtolik	High Sale recognition and a

CEPTIFICATE OF DEATH

		140	44	CERTIF	CAIL OI	PLAIII		R	eg. Dist. No	0.	
1. PLAC 0. CC	DUNTY Wa	shington		MARYLA	2. USUAL RES o. STATE	orylar	re deceased live	d. If institution: b. COUNTY	Residence bef lashin		
b. CI	IRAL and give no	If outside corporate limits, we earest (own)		GTH OF STAY IN	16 c. CITY OR	TOWN (If ou	tside corporate l	imits, write RURA		earest town)
Rur	al) Sa	imples Mano		years	X (Rur		Sample	s Manor			
d. N	AME OF HOSPIT R INSTITUTION	TAL (If nat in haspital, give s	treet address)		d. STREET					e. IS RES	FARM?
		Residence			Hoffma	aster	Road			YES 🔀	NO 🗆
	AE OF ASED or print)	THOMAS		Middle R •	BOWERS	st	4. DATE OF DEATH DE	Month ecember			Year 19 58
5. SEX		6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	8. DATE OF BIRT			GE (In years IF	UNDER 1 YEA		
	le		OWED	DIVORCED [74044 T.	, 1871	T	34 yrs.	anths Days	Hours	Min.
10a. USI dur	UAL OCCUPATION MOST OF WORLD	ON (Give kind of work done king life, even if retired)		F BUSINESS OR I		DS bur		yland	12. CITIZEN	OF WHAT	COUNTRY?
13. FATE	ER'S NAME	/1	2110	24010	14. MOTHER:		- /	y Lallu		DA	
		s Bowers				known					
(Yes. no.	NO	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service) NONE ATH [Enter only one couse	578-3	30-5538	17. INFORMANT M	r. Sar 1, Ha	nuel F arpers	Ferry,	West	Va.	
go cor lyi	onditions, if a live rise ta it use (o), stoting ng couse lost.	the under-	a	terio	schote	e M	t dus	ruse		17	lle
CERTIFICATION (IL IL I	. ACCIDENT WA	HER SIGNIFICANT CONDITION			8UT NOT RELATED TO				IN PART 1(a)	PERFO	NO N
OR U (IF	CONTRIBUTING EITHER, NOTIFY	MEDICAL EXAMINER)									
WEDICAL 20c.	TIME OF INJUR Hour a. j., p. m.	V		CCURRED 20. If while work	e. PLACE OF INJURY foctory, street, offic	(Home, farm, e bldg., etc.)	20f. (City or to	own)	(County))	(State)
ali ACT SIGI	I certify the	JOHN I	eased from		m.d	7:151 herp	M, from the DDRESS (Street,	-, 1958, the causes and city or town, state	on the do	ate state	
n BE	ACYAL (Specify)	12-27-70			ry or crematory Manor Cei			(City, town, or co		(State Mary	
ZI. FUN	VOVALO	SIGNATURE	Harpe	ers Fer	ry, W.Va	24a. REC'D	BY REGISTRAR	24b. REGISTRA	R'S SIGNATU	JRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECT.: After this certificate has been signed by the ottending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shaurd be filled with the registror prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14261 CERTIFICATE OF DEATH

14255

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md b. COUNTY Wash
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1 17 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 443 N. Mulberry St. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) D Ethel Marie	Bowman 4. DATE Month Dec. 21, 1958
5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	A 7 OK 7 OOO lost birthdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rubber Pro	
Henry M. Bowman	14. MOTHER'S MAIDEN NAME Fannie B. Swope
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (If yes, give wor or doles of service) 220-16-2000	Edna V. Dutrow, Hagerstown, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 58/. / DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO	's Cirrhosis ONSET AND DEATH
ССАТІО	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	JRRED. (Enter nature of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from July alive an ACC 21, 19 5, and that deceased from July actual signature.	ath accurred at 11 35 M, from the causes and on the date stated above PADDRESS (Street, city or lown, stole) M.D. 318 North Polocua C: 12-23.
PHYSICIAN'S NAME (Type) Paul Harrison	Hagerstom, maryland
	Valley Cem. 22d. LOCATION (City, town, or county) (Stote) Smithsburg, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Minnich Funeral Home, Smithsbur	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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	, Bussistons, Ma	mondaid . This		
				restrict Lucy West
	and grown and	mag yati	eV frames I'l	12-24-58
	ALIMAN AND MARK PARTY			Vicel Paners Table
and the second				

CERTIFICATE OF DEATH 14325

14256 Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE
	WASHINGTON MARYLAND	MAIZYLAND B. COUNTY VASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	BOONSBORD	X KEEDVSVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	KEEDER NURSING HOME	KOUT E - 1 - YES NO D
	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year OF
	(Type or print) SEANETTE	BOYER DEATH DECEMBER - 3. 19.58
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
1	EMALE MIHITIS WIDOWED DIVORCED	APRIL-2-1864 94 yrs. Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND dyring most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE DWN HOME	CLEFFERSON FRED. CO. MD. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MOSER MOSER	MALINDA BEACHLEX
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
L	NO NONE C	JOHN BOYER KEEDYSVILLE MD. R.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	el graninseleroses ONSET AND DEATH
	450.0 DUE TO	
13	Conditions, if ony, which) Traducted	of ught him Tweeks
	gove rise to immediate	11
1	couse (o), sloting the <u>under-</u> lying couse lost.	
z	, (9	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	904.9	PERFORMED? YES NO N
F	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ČA		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
MEDICAL	Hour o. m. While Not while of work of work	octory, street, office bidg., etc.)
	21. I certify that I attended the deceased from WTV /	1918, to Ree 3 1915, that I last saw the deceased
		h occurred at 6 P. M, from the causes and on the date stated above.
	Pa 111 Pa 15	ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE SUCCESSIONATURE	13/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5
	SIGNATURE	M.O
L	PHYSICIAN'S O Wihelan	Mq.
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	SURIAL DEC. 6.1958 PLESANT VI	EEW CEMETERY BURKIETTSVILLE MD.
23.	FUNERAL PURECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE
	- May the Bast Barush	D Md DATE 9 '58 Continua & Manual

moy be retained to the hospitol or attending physician.

TO FUNERAL DIRE

R. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14262

CERTIFICATE OF DEATH

В	14257
Rea. Dist. No.	300

1. PLACE OF DEATH O. COUNTY MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA)	Maryland With Ingtory
RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address)	
OR INSTITUTION ,	ON A FARM?
212 MEALEY PARRWAY	1212 MEalzy Parkway YES NO
3. NAME OF First Middle DECEASED AC ACC	ØF TO THE STATE OF
(Type or print) AGNES JOSEA	THE PIVILLY
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	IED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
FINALE WHITE WIDOWED DIVORCE	ED 1 Nn 2 30 1893 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE NONE	JOHNSTOWN PENNSYLOAMA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John OLSON	AUGUSTA PETERSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yas, no or unknown) (If yes, give wor or dates of service) NOINE	CARLE LOUN Brunner 628 PIN ONK ROAD Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The Edd days	ring countsive feizure Unterprise
355.3 DUE TO	(found de
Conditions, if ony, which) (b) (b)	16.000
gove rise to immediate couse (a), stating the under-	1000
lying couse lost. (c)	
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ē	PERFORMED? YES \(\text{NO} \)
□ I OR CONTRIBUTING □ CAUSE OF DEATH I	OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, control of county) (Stote) foctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram.	-21-, 19.39, ta, 19.8, that I last saw the deceased
alive on 7-76, 1978, and that	death occurred at 7 As Ma from the causes and on the date stated above
lames to sold to	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE John John Caker	M.D. 154 West Washington St., 12:1:58
PHYSICIAN'S	
NAME (Type) John H. Hornbaker, M.	Hagerstown, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	NETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
PEMOVAL (Specify) 12/3/58 REST	HAUEN CEMETERY HOGERS TOWN And.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
m Nouger Hagerilons	Maryland DATE DEC 4"58 Cooling & Kround
	THE TO CONTAIN A. I WANTE

STOM COLUMN SANDERS	TERRITEASIDETATE OMANYAM	
HIATO SO	TADRITHO 10311	
	and the second	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14263 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

502 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Washin	gton		MARYLAND	2. USUAL RESID		ere deceased	Washit		before admiss	ion)
b. CITY OR TOWN (II RURAL ond give ne	autside carporate limi arest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If a		ate limits, write R		e nearest tawn)
Hagers			<u> </u>		gers	town				
d. NAME OF HOSPIT. OR INSTITUTION Wash.	County H			d. STREET AI		ilton	Blvd			FARM?
	Fi		Middle	Lost		4. DATE	Mar	41.		Yeor
3. NAME OF DECEASED (Type or print)	MILDRED	31	BAKER	BYER		OF DEATH	Decemb		/	
5. SEX	6. COLOR OR RACE	7. MARE	RIED DEVER MARRIED	8. DATE OF BIRTH	1		9. AGE (In years last birthday)		YEAR IF UNDE	
Female	White	WIDOW	ED DIVORCED	Nov 26	190	3	55 yrs.	Manths D	ays Hours	Min.
100. USUAL OCCUPATION during most of work Housewit 1 13. FATHER'S NAME	N (Give kind of work ing life, even if retired	dane 10b.	Own Home	Old Br	addo	ok Fr	ed. Co		USA	COUNTRY
John T	V. B. Summe	ra		Gr	909	R. Ba	ker			
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT	000	200,	Add	ress		~
No (Yes, no, or unknown)	If yes, give war or dates of s	ervice)	None Re	v Paul	н. в	yer 8	Ol Wayı	e Ave		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO		yocardiz	Wyomiss	tar	ct10	~		G h	DEATH
lying cause lost.		, A	rterios	clero	tic	Hoz	wt Dis	7127	7	
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERFO	RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture al	injury in f	Part I ar Part	Il af item IB.)			
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e. Pl Nat while k at wark	LACE OF INJURY (History, street, affice	lame, farm bldg., etc.	, 20f. (City	or tawn)	(Cou	unty)	(State)
21. I certify th	at I attended the	deceas	ed fram. 12-19	, 1954	, to_ 12	-19	1954	Cthat I la	st saw the	decease
alive on 12	-19	12.5								
							eet, city or town,			TE SIGNE
ACTUAL SIGNATURE	a a.	11	Mar	M.D	e-2	14 N	Poto	m 2 C	4-1	420
PHYSICIAN'S NAME (Type)	loyd,	4.1	FOFF mas		}	125	ersta	lkn.		١. ل
22a. BURIAL, CREMATIO	N. 226. DATE THEREC	OF .	22c. NAME OF CEMETERY C	OR CREMATORY		22d. 10 CATI	ION (City, tawn,	ar caunty)	(State	0)
REMOVAL (Specify)	12/22/	58	Rose Hill C	emetery	H	-/	town Wa	-	Md.	
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		240. REC'	D BY REGISTR	RAR 24b. REGI	STRAR'S SIGN	ATURE	
Andrew K.	Coffman	Has	rerstown Md.		DATE	DEC 2 3	'58	Withing S.	Frank	

may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR R. After this certificate has been signed by the attending physician and campletely filled in by the process of the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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District of the second		4264 CERTIFI	CATE OF DEA	AIH	Reg. D	list. No.
1. PLACE OF DEATH O. COWNIY	ngton	MARYLA	O STATE	(Where deceased live	ed. If institution: Reside b. COUNTY Was	hington
b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 11 hours	c. CITY OR TOWN	TT	limits, write RURAL ond gerstown	give nearest town)
d. NAME OF HOSP OF INSTITUTION WASHIN	ITAL (If not in hospital, given the street of the street o	e street oddress)	d. STREET ADDRES	-		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) U	nnamed chi	Middle Ld of Charles	E. Cline	4. DATE , OF DEATH	December	Doy Yeor 31 19 58
5. SEX Male	9499. 0 A	MARRIED NEVER MARRIED		31-58	GE (In years ast birthday) Months	Doys Hurs 4Min.
10a. USUAL OCCUPAT during most of wa	rking life, even if retired)	None	Hagers			ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Cha:	rles E. Cl:	ine	14. MOTHER'S MAID	DEN NAME	Rohrer	
15. WAS DECEASED EV (Yes, no or unknown)	YER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	(e)	Charles E.		Address Hag. Rt.	5
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	e per line for (o), (b), ond (c).] Prematur	e			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	Hyalin Me	mbrane Diseas	e (Ateleo	ctasis)	an s
Caeseari		ions <u>contributing to death</u> or placenta pre				RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injur	y in Port t or Part II o	f item 18.)	
Hour om	none 19	20d. INJURY OCCURRED While Not while of work of work	e. PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City or t	own)	(County) (State)
21. I certify to alive an	Dec. 31	eceased from Dec., 1958, and that de	eath occurred at 313	SOP_M, from th	e causes and an city or town, state)	
	Robert We				Md.	
Buria I	1-2-59		g Cemetery	Smit	(City, town, or county) haburg Ma	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE

Hagerstown

Md. DATEIAN 5

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may be retained by the hospital or attending physician.

TO FUNERAL DIRECT. R. After this certificate has been signed by the attending physician and camplete page 3 shauld be defected for use as the burial-transit permit. Then please remave carbon papers. the registrar prior to burial, cremation, or remayal, and in any event within 72 havis after death, TO HOSPITAL OR VS A15 (4) 15M 10/57

: After this certificate has been signed by the attending physician and campletely filled in by the real director, ched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Jeath: Page 4

Scott F. Minnich & Son

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zerdon .	Thomas L	50	Alb .S safrad
Harry House	amijo "E ssigni		See heet
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14260

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S.	21	O(1)							

Reg. Dist. No.

1. PLACE OF E a. COUNTY	Washington		MARYLAND	2.	USUAL RESID	Md.	ere deceased	lived. If institute b. COUNTY				ion)
RURAL or	TOWN (If outside corporate limited give nearest tawn) agerstown	ts, write	c. LENGTH OF STAY IN 16	0		OWN (If ou		ote limits, write f	RURAL and	give nea	rest town)
OR INSTI	F HOSPITAL (If not in hospital, gruntion sh. Co. Hospita	To.	address)	-/	d. STREET AT		rge St	• •			e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or pri	ni) Jar	nes	Middle Frank		Cook		4. DATE OF DEATH	Moi 1		17		Year 19 58
5. SEX male		7. MARRI WIDOWE	D DIVORCED		pt. 8,		9	AGE (In years lost birthday) yrs.	IF UNDER	Days	Hours	R 24 HRS. Min.
guring ma	CCUPATION (Give kind of work st of working life, even if retired etired		kind of Business or Indi erstown Water			Penna		infry)	12. CI	U.S		COUNTRY
13. FATHER'S N	IAME			14	. MOTHER'S	MAIDEN N	AME					
	unknown					unkno	wn					
15. WAS DECE	ASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT			Add	lress			
(Yes, no, or unknown)		21		rs.	Marga	retta	Cook	Hager	stown	, Md		
Candition	ons, if any, which to the set to immediate to stating the under-	ge	Myo Card enerol as) Herioscles		iosc.	lus	aret co c	ion .		5	at and	Les Can
20o. ACCII	RT II. OTHER SIGNIFICANT CON Benzign by DENT WAS UNDERLYING THE STATE OF DEATH TH	certa	ontributing to DEATH BU Fe Lypes of The Property of the Prope	ry	oly				VEN IN PAR	T 1(o) 1	PERFC	AUTOPSY RMED? NO
Z 20c. TIME C	NOTIFY MEDICAL EXAMINER) OF INJURY Month, Day, Year, m. p. m. 19	While	IJURY OCCURRED 20e. P Not while for the post of work	LACE (OF INJURY (H street, office	tome, farm, bldg., etc.)	20f. (City o	or town)	(1	County)		(State)
	tify that I attended the	decease , 120	~ /	h acc	, 19 <i>5</i> 8 curred at 217	5 30	M, fram DDRESS (Stre	the causes of the cause of	and on t	he dat	le state	
PHYSICIAN NAME (Ty)		Dit	tto 111		Над	gerst	own,	Maryla	nd			
220. BURIAL, CI REMOVAL DULL			22c. NAME OF CEMETERY (OR CRE	MATORY			on (city, town,	or county)		(Stot	
	IRECTOR'S SIGNATURE		ADDRESS		113	240. REC'D	BY REGISTRA		STRAR'S SIG	SNATUR		
Fred W.	Kraiss Hag	ersto	wn, Md.			DATE DE	0 2 2 '58	3 a	rthun S.	trac	id.	

	at 2004-part barness that he see see			
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		Total II carron a Miles		
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	Minor the transport the set	A PARTY NAMED		4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14326 CERTIFICATE OF DEATH

Rea. Dist. No

									wad. o.		
1. PLACE OF DEATH o. COUNTY Was	hington		MARYLA	11	o STATE	DENCE (Whe		d lived. If institut b. COUNTY		ingt	
b. CITY OR TOWN (If RURAL and give new	outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR T	TOWN (If ou	utside corpo	rate limits, write			
Killiamsp	ort Md RI	PD 2	50 yrs.	X	Willia	amspo	ort l	d. RFD	#2		
d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street o	oddress)		d. STREET A	DDRESS				e. I	S RESIDENCE
Pinesbur	Cr.				Pine	sburg	y.				ON A FARM?
3. NAME OF	Firs	,	Middle		los		4. DATE	Mo	a th	Day	Yeor
(Type or print)	Cornel	ia	Josephi			ermar	OF	Decemb	er 24	١,	19 58
5. SEX		7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH	Н	400	9. AGE (In years last birthdoy)			UNDER 24 HRS.
Female		WIDOWE	_			188		77 yrs		10,	ours Min.
Oo. USUAL OCCUPATION during most of working Housewife 3. FATHER'S NAME	ng life, even if retired)		Home			view	Mar;	yland		U.S.	VHAT COUNTR
	Na7	Перт									
	w Nelson		20			ında .	vebb				
(Yes, no, or unknown)	f yes, give wor or dates of se		SOCIAL SECURITY NO.		DRMANT		77	Ad	Thes	burg	RFD
No	NO		one	Mr	. Holl	lie A	· Pa.	Lmer W	lillia	emspo	ort Ma
Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	he under- DUE TO		ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19. V	VAS AUTOPSY
PART II. OTH										P	ERFORMED?
OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	JRRED. (Enter nature al	f injury in Po	art I ar Par	t II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While	UURY OCCURRED 200 Not while of work	e. PLACE foctor	OF INJURY (I	Home, form, bldg., etc.)	20f. (City	or town)	((County)	(State)
21. I certify the alive on	at I entended the	19_	d from 2/2, and that de	eath a	t, 19			the couses reet, city or fown	and on the		the decease stated obay DATE SIGN
220. BURIAL, CREMATION	, 226 DATE THEREO		22c. NAME OF CEMETER	RY OR C	REMATORY	1	22d. OCA	ION (City, town,	ar county)		(State)
Buria L	Dec. 27	-58	Broadfor	din	g Ceme	eter	Mil	liamspo	rt !	Mary!	land
PUNERAL DIRECTOR'S	SIGNATURE 2	Telle	p, ADDRESS	-M		24a. REC'D	BY REGIST		ISTRAR'S SIG		

may be retained by the haspital or attending physician.

• FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be retained by VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

oth: Page 4

HEARD TO BEADRITHED

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14262

1	4266	CERTIFICATE	OF	DEATH
L	4400	CERTIFICATE		DEATH

Reg. Dist. No.

1.	PLACE OF DEATH	hington		MARY	LAND	2. USUAL RESIDEN	Va.	re deceased	lived. If insti b. COUN	ITV	ence before		on)
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	tside corpor	ote limits, writ				
H	agerstow	n Id.		3 day	S	Marle	owe	W	Va.	85	x - 3		
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street	oddress)		d. STREET ADD					e.	IS RESI	
W	ashingto	n County	Hos	oital .		Fallin	g Wa	ters	RFD]				NO 🔯
3.	NAME OF DECEASED (Type or print)	Lloyd	st	Raymond.		Dorrance		4. DATE OF DEATH	-	Month C •	Doy 28		eor 9 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	оПІ	B. DATE OF BIRTH			P. AGE (In yes	IF UNDE	R TYEAR IF		
	Male	White	WIDOWE	9.00	_	Sept. 2	23 1	885	last birthdo	Months		Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of working life, eyen if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLAC	E (State o	r foreign co	untry)	12. C	ITIZEN OF	WHAT	COUNTRY
I	deman Se	lf Employ	red :	Ice Manuf	act	une Ohio				I	J.S.A		
13.	FATHER'S NAME			274777	200	14. MOTHER'S MA	AIDEN NA	ME					
		John Dorn	ance	е		Barbar	a E	lizal	eth F	uss			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT				ddress		ाज प) 7
,,,	No	t yes, give war or dates of s	23	4-38-9422	Mr	s. Della	Hi	xon I	allin	We Wat	ers	M	Va
		TH Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		le for (o). (b). and (c).]	e	ਰ /	oul	mo	uz, a	nest	INTER	AL BET	WEEN DEATH
	Conditions, if on)	Ren	al	sh	uto	tou	<u> </u>			40	dy
	gove rise to immediate couse (a), stating the under-lying couse lost.												
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO TH	E TERMIN	AL DISEASE	CONDITION	GIVEN IN PA	RT 1(a) 19.	WAS A PERFOR	UTOPSY
				nene									NO [
L CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	AEDICAL EXAMINER)		TRIBE HOW INJURY OC	CURRED	. (Enternature of in	jury in Pa	rt I or Part	ll af item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Yea	20d. IN While of work	Not while	20e. PLA faci	CE OF INJURY (Honory, street, office bl	ne, form,	20f. (City	or town)		(County)		(Stote)
	21. I certify the	t I attended the	decease		/ G	accurred at 7.	10 D	M. from	\$, 19.5	Shot I	last saw	the c	deceased
	ACTUAL SIGNATURE	mB	ml	t	A	1.D. 2	8 6	ODRESS (Stre	et, city or tow	rn, stote)	/		IE SIGNED
	PHYSICIAN'S NAME (Type)	. Byrket		M.D.									
220	BURIAL, CREMATION REMOVAL (Specify)	Dec. 3	F L-58	Harmony	-	crematory metery			on (City, tow		Va.	(Stote)	
23	FUNERA DIRECTOR'S	SIGNASURE C	Ou	RADDRESS COMMENTS	rt	1/4	o. REC'D	BY REGISTR		GISTRAR'S SI			

death. Page 4

coath certificate be executed within 24 hours after

ATTENDING PHYSICIAN; The law requires that the

When a Store U-Pres,

CERTIFICATE OF DEATH

Don Dist No

	3/1			was.	DIV. 110.	
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived.	If institution, Residence COUNTY Was	dence before on hington	imission)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest lown) Williamsport	2 wks, 3 das.	c. CITY OR TOWN (If our		ts, write RURAL on	id give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, give strong institution Williamsport Sanitarium	eet oddress)	d. STREET ADDRESS 921A I	Lanvale S	t.	0	RESIDENCE ON A FARM?
3. NAME OF First DECEASED (Type or print) JULIA	Middle C •	DOWNIN	4. DATE OF DEATH	Month Dec.	Doy 12	Yeor 19 58
	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec.23,1871	lost	(In years birthday) 6 yrs.	Days Ho	JNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	Own Home	Tilghmanton	n, Wash.Co		CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
Thomas Wolf		Sarah Ca	arty			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	The second second	NFORMANT Earl McCauley	906 Mulb	Address erry Ave	.Hagers	town, Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse lost. Compart II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE COND	OITION GIVEN IN P	ART 1(o) 19. W	VAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	/Enter nature of injury in Po	ort Lor Port II of it	em 18)		ERFORMED?
	provide the control of the control o	s. temer hardre or injury in to				
Hour o.m.	d. INJURY OCCURRED 20e. PL hile Norwhile work of work	ACE OF INJURY (Home, form, tory, street, effice bldg., etc.)	20f. (City or town	1)	(County)	(Stote)
21. I certify that I attended the decalive on 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Byht Byrkit	MD 28 W Willia	M, from the DDRESS (Street, cit	y or lown, state) A P	the date s	DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) 12/15/58	Rest Haven	Cemetery		ity, town, or county	Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D		24b. REGISTRAR'S		
Rest Haven Funeral Chap	el inc. Hagerstow	n, Md. DATE-01	E 150	771 - 0	de .	

TO HOSPITAL OR VS A15 (4) 15M 9/55

	ATE OF DEATH	OFFITARO - A - TO		
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	#0733760# [T\$1,211.54]			AM 2
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	CHARLES TOTALS			
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		House the second of the second		

Reg. Dist. No.

						D.1311, 1140.	
1.	PLACE OF DEATH o. COUNTY Shington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary		institution: Res	Washin	
	Maugans ville 2 yes	erstay in 16	c. CITY OR TOWN (IF or		, write RURAL a	and give nearest to	own)
	d. NAME OF HOSPITAL (If not in hospital, give street address) Mennonite Nursing Home		d. STREET ADDRESS 125 N.	Locust	St.	ON	ESIDENCE A FARM?
3.		Middle Dunahu	gh	4. DATE OF DEATH	Month	er 8	Yeor 1958
		VORCED 🔲	8. DATE OF SIRTH NOV. 21, 18	302 /	Hhdoy) Mont	DER I YEAR IF UN	
100	usual Occupation (Give kind of work done lob. KIND OF BUSI during mast of working life, even if retired) Pringer			or foreign country)	Md . 12.	CITIZEN OF WH	AT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.				
	Cahrles Dunahugh		1	Rumberg			
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (If yes, give wor or dates of service) 214-09-		Mrs. Miriam	Highbare	ser I	Hagerst	own Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-	ind (c).]	Cade Vos	serlar of	rsen	INTERVAL ONSET AN	SETWEEN ID DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN			PER	S AUTOPSY FORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour a. m. 19 While Nat while of wark at work	foo	ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.)	20f. (City ar tawn)		(County)	(State)
	PHYSICIAN'S NAME (TYPE) AT THE EVILLE OF THE PHYSICIAN'S NAME (TYPE) AT THE PHYSICIAN'S NAME	that death	accurred of 200		uses and a		
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME CREMOVAL (Specify) 12-10-58 ROSE	F CEMETERY OF	Cemetery	22d. LOCATION (City Hag ers		Md.	ale)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCOTT F. Minnich & Son Hac				b. REGISTRAR'S	SIGNATURE	
L.,	Scott F. Minnich & Son Hag	erstow	vn Md PAREC 1	2 '58	0 11 0	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the hospital or ottending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoulthe registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

death. Page 4

should be filed with

VS A15 (4) 15M 9/55

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Transport of the second	Arraide Arraide			
				WARRING TO

1	14329	CERTITION	TIE OI DEATH		Reg. Dist. No.	
	1. PLACE OF DEATH a. COUNTY A ASHINGTAN	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY		mission)
	b. CITY OR TOWN (If outside corporate limits, write C. LENG	STH OF STAY IN 16		tside corporote limits, write RU		lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	16/4/62	d. STREET ADDRESS	ISBOKG.	e. IS	RESIDENCE N A FARM?
	TAHRHEY-KEEDY NEMORIAL	- HOME	MOLEIR	AVE. EXTE		□ NO 💢
	3. NAME OF DECEASED (Type or print) MAR 9 ARC +	Middle	Entler	4. DATE OF Month OF DEATH	h Doy	Yeor 195
	5. SEX 6. COLOR OF RACE 7. MARRIED N	DIVORCED	8. DATE OF BIRTH Sept. 30 18	9. AGE (In years lost birthdoy) 3 yrs.	Months Days Hot	
)	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WI	HAT COUNTRY
/	NONE		14. MOTHER'S MAIDEN N	· 1/0.	1 U.S.A	
	TOSEPH DNY DER,		VIRGINIA.	WATSO	N	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no. or unknown) (If yes, give wor or date of service)	ECURITY NO. 17.	NFORMANT RS MARGARET	KNIPE, WA	7528 O	24 7
	1B. CAUSE OF DEATH [Enter only one couse per line for [o], PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), ond (c).]	d'aderiose	lerosis	INTERVAL	ND DEATH
	450.0 DUE TO Conditions, if ony, which)	ban /	round	ua	3	Hay
	gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost.					1
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	PE	AS AUTOPSY REORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Of Hour o. m. While Not	CCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the deceased from	Februse	14/19J8, 10/10	Camber 5 12/8	that I last saw t	he decease
	alive on Dec. 3 1938	, and that death		_M, from the couses an ADDRESS (Street, city or town,		tated above
	ACTUAL SIGNATURE ME LUM		M.D. 130	osaloso		74/5
1	PHYSICIAN'S G. Wike Uan			/	Md.	(
	PREMOVAN (Specify)	AME OF CEMETERY C	0	22d. LOCATION (City, town, o	r county) (Stole)
		DRESS A. A	LENIETERY 240. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	Va.
	Bogrescheten I Chan II	Vatingle.	DATE DE	C 9 '58 C	Thun 8 H	

TO FUNERAL DIRIE At After this certificate has been signed by the attending physician and campletely filled in by the process of filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

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TO HOSPITAL OR TO FUNERAL DIRE

VS A15 (4) 15M 10/57

14266

14267 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

PLACE OF DEA O. COUNTY	Washingto	on	MARYLAND	o, STATE	ICE (Where decease Maryland	d lived. If institu b. COUNT	v	before odm	
Hager	OWN (If outside corpo give nearest town)		c. LENGTH OF STAY IN 16		VN (If outside corporation)	prote limits, write	RURAL and gi	ve negrest to	wn)
OR INSTITU	HOSPITAL (If not in houting houtlon) Prospect		address)	d. STREET ADD	Prospect	Street		ON	ESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	PAUL	First	Middle SEPT IMUS	FECHT IG	4. DATE OF DEATH	December	inth	Day 25	Year 19 58
5. SEX	6. COLOR O	R RACE 7. MARR	D DIVORCED	8. DATE OF BIRTH February	10, 1883	9. AGE (In years lost yethdoy) 75 yrs	Months [YEAR IF UN Doys Hour	
10a. USUAL OCC during most Retired	buyer	of work done 10b. f retired)	KIND OF BUSINESS OR INC	Hag	erstown,	Md.		J.B.A.	AT COUNTRY?
	r. George I	Cechtie		14. MOTHER'S MA		H. Doyle			
15. WAS DECEAS	SEDEVER IN U. S. ARA	AED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Tourse		dress		
(Yes, no, or unknown)	(If yes, give wor or	dates of service)		Mr. Alexan	der C. Fe	chtig	Hagers	stown,	Md.
Conditions gove rise couse (o), s' lying couse	s, if ony, which to immediate stating the under-	DUE TO (b) DUE TO (c)	Coronary Curting to DEATH B	leratic tu	Cart d	SE CONDITION G	VEN IN PART	6 24	S AUTOPSY
O (IF EITHER, N	ENT WAS UNDERLYING BUTING CAUSE OF NOTIFY MEDICAL EXAM	DEATH WINER)	CRIBE HOW INJURY OCCUR					YES [□ NO [B]
Hour		Pay, Year 20d. IN While at work	Not while	PLACE OF INJURY (Hom foctory, street, office blo	ne, form, 20f. (Cit dg., etc.)	y or tawn)	(Ce	ounty)	(Stole)
21. I certi alive an_ ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)		infly TAUFF	and that dea	,		m the causes treet, city or town	and an the	e date sta	
220. BURIAL, CREI REMOVAL (SI Burial	MATION, 226. DATE	29 REOF /1958	22c. NAME OF CEMETERY Rose Hill	or crematory ()		TION (City, town,	or county)	(51	ote)
23. FUNERAL DIRECT	CTOR'S SIGNATURE ROUZET Fun	eral Hom	ADDRESS Hagerstown	24	a. REC'D BY REGIS	TRAR 246. REG	ISTRAR'S SIGN		

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Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON WASHIN GTAN b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARMS YES NO D MAKTH 3. NAME OF 4. DATE First Middle Month Day Year DECEASED DEATH (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Doys Hours DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) 1120.0 DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from 1922 that I last saw the deceased and that death accurred at & alive on M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

14268 CERTIFICATE OF DEATH

14268 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Ar b. COUNTY Franklis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) FAUPERS FOWN 2 UKS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS ROZ-Greencastle o. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SOLOMON First J. Middle	PREMAN 4. DATE Dec, 25 Day Year 1958
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 1	B. DATE OF BIRTH Aug. 25, 1878 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Mours Min. Min
10a. USUAL OCCUPATION (Give kind of work done during finest of working life, even if retired) Armer Arm	TRY IV. BIRTHPLACE (Stole or foreign country)
13. FATHER'S NAME SAMUEL FOREMAN	HANNIE STAMY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, na. of Chierwin) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. N	STORMANT Loreman - Greencaste Pa
ICATION	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a. m. P. m. 19 While Not while of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)
21. I certify that J attended the deceosed from A John Solive on 225 5 19 , 19 , and that death ACTUAL SIGNATURE AND ACTUAL SIGNATURE A	occurred of 1000M, from the causes and on the date stated above DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE, THEREOF 22c. MAME OF CEMETERY OR REMOVAL (Specify) 12/28/58 COOR A	CREMATORY 22d. LOGATION (City, town, or couply) Poole) Treencastie, Fa
23. FUNERAL DIRECTOR'S SIGNATURE APORESS NEMECH - Dreence	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 2 9 58
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NAME OF

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THE OWNER STREET, SHE'- S		The same of the same	

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate showld be executed within 24 hours after death. If any delay is necessary, please execute the certificate world "pending" in pending in them. IB. Give Pages 1, 2, and 3 to the funeral difference 4 should be followed do the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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Film 236 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 18

14270

14271					Reg. Dist.	. No.	
PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (V	Where deceased I	ived. If institu b. COUNT	tion: Residence Washi	before odington	nission)
b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown] Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	iamsport		RURAL ond g	ive neares! !	awn)
d. NAME OF HOSPITAL OR INSTITUTION (IF not it Washington County F		d. STREET ADDRESS R #	2			10	RESIDENCE N A FARM?
3. NAME OF First DECEASED (Type or print) Lorrain	Middle ne Marie French	Lost	4. DATE OF DEATH	Month	_	Doy 7	Yeor 19 58
Famala White	ARRIED NEVER MARRIED B	Jan. 22,1		AGE In years out birthday) 29 yrs.	Months Do		DER 24 HRS.
to. USUAL OCCUPATION (Give kind of work done lauring most of working life, even if retired)	06. KIND OF BUSINESS OR INDUST Home		or foreign count	7)		N OF WHA	T COUNTRY
13. FATHER'S NAME George Teach		14. MOTHER'S MAIDEN N	Guessfor	rd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 17. IN 212-245-635	Mr. Robert	French .	Address - Willi	amspor	t,Md F	#2
[MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (c)	cute pancreatit /Vndeternic fat necrosis o		m m	//repor	*/		eath ys
PART II, OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DES CAUSE OF DEATH.					EN IN PART 1	o) 19. WAS PERFO YES X	AUTOPSY ORMED?
	ONS	nter nature of injury in Port	l I or Part II of it	lem 18.)			
Hour e.m. None	20d. INJURY OCCURRED While Not while facts of work 20e. PLAC	TE OF INJURY (Home, farm ary, street, affice bldg., etc. None	20f. (City or I	lown)	(County	')	(Siole)
21. I certify that I took charge of to opinion death resulted from: Natur	ral causes 🖾 , Accident [y 🔀, Inspe Homicide 🗀	ection 🔀, , Undeter	Inquiry mined ma		nd in my
SIGNATURE SI Rules 7	hella	M.D. CHIEF MEDICAL EX				DATE	SIGNED
NAME (Type)	Wells, M.D.	DEPUTY MEDICAL I	The second second		12-8	3-58	
220. BURIAL CREMATION, REMOVAL (Specify) Burial 12-9-58	22c. NAME OF CEMETERY OR Green Lawn	CREMATORY	22d. LOCATION Will	(City. town, e	t, Was	h Mo	
Albert Leaf	ADDRESS Willismsport		G 1 0 '58		TRAR'S SIGNA		

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14272	CERTIFICA	ATE OF DEATH	Reg. Di	ist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who of STACE anada	ere deceased lived. If institution, Resider b. COUNTY Ont	nce before admission) ARIO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGE STOWN	6 months	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL and /all 90 ×	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street Washington County Hos	oddress) pital	d. STREET ADDRESS 10 Timot	hy Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	ant	4. DATE Month OF DECEMber	Doy Year 19 58
5. SEX 6. COLOR OR RACE 7. MARI		May 28, 186	lost highbolow)	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Own Home			tizen of what counti
13. FATHER'S NAME Alexander McDoug	all	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. [17] [17] [17] [17] [17] [17] [17] [17]		s. L. F. Mc	Gruer Hagersto	wn Md.
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Closed Fractur Generalized an Arteriosclerot	teriosclerosi	s heart disease	INTERVAL BETWEEN ONSET AND DEATH 10 days
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF CONTRIBUTIONS OF CONTRIBU				RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Fell on the flo			
Hour a.m. While	Not while O fac	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)!	County) (State Wash Md
SIGNATURE V	sed from Oct.	occurred of 12:30	Nov. 30 , 1958 , that I 290, from the couses and on the couses (Street, city or town, state) comac Street	
20. BURIAL CREMATION, 22b. DATE THEREOF BUTIAL (Specify) 1-4-58		Cemetery	22d. LOCATION (City, town, or county) Williamstown	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE

Md.

DATE DEC

Scott F. Minnich & Son Hagerstown

requires that the death certificate be executed within 24 haurs after After this certificate has been signed by the attending physician and campletely filled in by th ached far use as the burial-transit permit. TO FUNERAL DIRE poge 3 shauld be

Then please remove carbon papers. Pages 1 svent within 72 haurs after death.

death. Page 4

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9				280/24 2007/2007
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Zachariah Taylor Fleming.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14274 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Md. Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD. Boonsboro.Md. near Tilghmington. d. STREET ADDRESS YES A NO 4. DATE Lost Year December Grove 12th 10 58. 9. AGE (In years lost birthday)
7 yrs. B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months 6th 1887 12. CITIZEN OF WHAT COUNTRY Jefferson County. W. Va. USA. Amanda Isabelle Wilt (dec) 17. INFORMANT . Boonsboro . Md Charles Junior Grove son INTERVA BE PERFORMED? YES NO

18. CAUSE OF DEATH [Enter only one cause per line for (o). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED Hour a. f1. While Not while ot work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

p. m. 21, I certify that I a ended

occurred at

.. that I last saw the deceased

ACTUAL

M, from the causes and an thre date stated above

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify

22c. NAME OF COMETERY OR CREMATORY Edge Hill

OCATION (City, town, or county) Charles Town

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Charles Town.

16. SOCIAL SECURITY NO.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Cirching S. Through

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and the state of t	CENTRE LEGISLATION	,		CANADA MARINA IN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9	4273	CERTIFICATE	OF	DEATH

	上せん!	3			-		Reg. Dist	. No.	
o. COUNTY	ashington	MARYLAN	2.	o. STATE Maryl	here deceased and	lived. If institution b. COUNTY	Washi	e before odn	nission)
b. CITY OR TOW RURAL ond gi Hagerst	/N (If outside corporate limits, write nearest town) OWN. 140. •	c. LENGTH OF STAY IN 3 Weeks	1b ×	c. CITY OR TOWN (IF			JRAL ond gi	ive nearest to	own)
OR INSTITUTE	OSPITAL (If not in hospital, give street on County Ho		1	d. STREET ADDRESS	Shar	psburg	Md.	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Leona	Mable	Hai	nmond	4. DATE OF DEATH	Mon Dec		Doy 17	Year 19 58
5. SEX Female	1.75	ARRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday) 67 yrs.		YEAR IF UN	7
10a. USUAL OCCUP during most of House	ATION (Give kind of work done working life, even if retired)	No. KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stole Marylar		untry)	12. CITIZ	U.S.A	AT COUNTRY
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN I	NAME				
Jac	ob Poffenberg	rer		Alic	e (Unknown	1)		
15. WAS DECEASED (Yes: no. or unknown)	PEVER IN U. S. ARMED FORCES? [If yes, give wor or dates of service)	None	7. INFO	Charles	G. Ha	mmond S		sburg	g Md.
gove rise t couse (o), sto lying couse I	DUE TO if ony, which o immediate ling the under: OTHER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u>	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
OR CONTRIBUT	WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Port 1 or Port	II of item 18.)			□ NO □Y
20c. TIME OF IN Hour o. p.	m. Wh		PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City (or town)	(Co	ounty)	(State)
21. I certify alive an ACTUAL SIGNATURE	that I attended the dece	M.	eath ac	302 R			nd an the		ne deceased ated above DATE SIGNED STOWN
PHYSICIAN'S NAME (Type)	ATION, 22b, DATE THEREOF	1 OR CO			ERSTO.		In 1	<u> </u>	
Buria I	Dec. 20 19	958 Mt. View		emetery	Sharp	22-0	"d.		lote)
23 FUNERAL DIRECT	Xeof W	Meonsport,	me	4/	D BY REGISTR		TRAR'S SIGN		

may be retained by After this certificate has been signed by the attending physician and campletely filled in by the Fernal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by haspital or attending physician.

TO FUNERAL DIRECTAL PRECISION After this certificate has been signed by the attending physician and campletely filled in by the f

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VS A15 (4) 15M 10/57

YOR STATE HEALTH DEPT.

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Poge files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14276

Reg. Dist. No.

I. PLACE OF DEATH o. COUNT Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. City Or TOWN (if outside corporate limits, write RURAL and give necrest town) Hagerstown c. LENGTH OF STAY IN 1b 26 months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Marshall Street	d. STREET-ADDRESS 4.34 Virginia Ave. e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{2} \)
NAME OF DECEASED (Type or print) Hutchinson Edwin Harriso	on Death December 31 19 58
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Male White WIDOWED DIVORCED D	DATE OF BIRTH 9. AGE (In years less hallholder) 9. AGE (In years less hallholder) 9. AGE (In years less less less less less less less le
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Credit Bureau	
Hutchinson W. Harrison .	14. MOTHER'S MAIDEN NAME Mabel Faulk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL JECURITY NO. 17. IN	NFORMANT Address rs. Peggyl P. Harrison Hag. Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SIGNATURE OF DEATH STATE OF THE COURSE (b) BY A DUE TO Multiple Fractional State of The Course of T	ctured Ribs
Canditions. if any, which gave rise to immediate cause (a), stating the underlying couse last. (b) Hemo-pneumoth Hemorrhage and (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 PA
200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (E Driver of auto the	nier nature of injury in Part I or Port II of item 18.) hat hit another auto and overturned
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLAN Hour XXXII. Dec. 31 1958 at work of work 2	CE OF INJURY (Home, form, ory, street, office bldg., etc.) Hagerstown Wash Md
21. I certify that I took charge of the remains described about opinion death resulted from: Natural couses . Accident E	X), Suicide , Homicide , Undetermined monner
EXAMINER'S NAME (Type) S. Robert Wells	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M.D. CHIEF MEDICAL EXAMINER JOHN J. 2 19
220. BURIAL CREMATION, REMOVAL (Specify) Rurial 1-3-59 22c. NAME OF CEMETERY OR Grand View	CREMATORY 22d. LOCATION (City, town, or county) (State) Rock Hill S. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott T. Minnich & Son Hagerstown	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necess execute the certified, e. writing the word "pending" in pendit in them 18. Give Pages 1, 2, and 3 to the funeral direct A should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained forty TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, ar removal, and in any ferent within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DIRAMINATE OF PLANTICATE OF DEATH

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		ten' con a sevi	STATE OF THE REAL PROPERTY.	
			To the same of	N O MI
			. Robert Wells	
			92-5-1	

Foot 5 F. Minnish & on Hagaratour

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY	Washington	1	MARYLA	AND	O STATE	Maryl		d lived. If instituti b. COUNTY		nce befo		ion)
b. CITY OR TOWN RURAL and give Hagerstown		s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO		utside corpo	rote limits, write R	URAL ond	give nec	orest town	1)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi	ve street o	oddress)		/d. STREET AL	DDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Firs MARY	it	Middle ELIZABETH		Lost HAUS		4. DATE OF DEATH	Mor Dec u m		Do	,	Year 1958
5. SEX Female	6. COLOR OR RACE	7. MARRI	DED NEVER MARRIED		8. DATE OF BIRTH		876	9. AGE (In years last birthday) 82 yrs.	-	R 1 YEAR		ER 24 HRS. Min.
Housewi 13. FATHER'S NAME Michae 15. WAS DECEASED EV	el C. Crilly	T DES? 16. 5	KIND OF BUSINESS OR		Wayn	MAIDEN N	o, Pe	nnsylvan	ia	U.S.		COUNTR
Manual State of the Control of the C	ATH [Enter only one cau ATH WAS CAUSED BY:	n	one e for (o), (b), and (c).		Mrs. Ash	er I	Edelma	n Hager	stown	INT	Mary]	TWEEN
Conditions, if gave rise to cause (a), stating lying cause lost PART II. OI 200. ACCIDENT WOR CONTRIBUTING (IF ENTRIBUTING) (IF EITHER, NOTIF	the under-		General Sensition of DEATH	a	Hem tens NOT RELATED TO	THE TERMI	hal DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED? NO 🖸
20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Yea		_ Not while_	Oe. PL	O. (Enter nature of ACE OF INJURY (Hatary, street, office	lame, form	20f. (City		(County)		(State)
21. I certify to alive on	hat I attended the 12 -12 -3,	decease 19 VZ		leath	accurred of	. /		the causes of the course of the causes of the course of th	and on t		te state	
220. BURIAL, CREMATIC REMOVAL (Specify	ON. 226. DATE THEREON 12/20/195	10	Rose Hill	-0.0	r CREMATORY		H	ION (City, town, A	or county)	0 200	(State	e)
33. FUNERAL DIRECTOR Suter-House	er Funeral H	lome	ADDRESS Hagerstown	1276			BY REGIST	RAR 24b. REGI	STRAR'S SI			

ath. Page 4 director,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after D FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be defected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained b TO HOSPITAL OR VS A15 (4) 15M 10/57

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death; Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14278

-	Z	33	3	CERTIFICATE	OF	DEATH
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Reg.	Dist.	No

1, PLACE OF DEATH o. COUNTY	Washingto	on	MARYL		CTATE	aryla		d lived. If institu b. COUNT	,	dence befor		
b. CITY OR TOWN RURAL and give n		its, write	c. LENGTH OF STAY	N 1b		SW1cl		rote limits, write	RURAL o	nd give near	rest town	2
OR INSTITUTION	ITAL (If not in hospitol, goders Nur	3			d. STREET AD	oress	Ave	nite				DENCE FARM?
3. NAME OF DECEASED (Type or print)	Charles	rst	Clinton	He	ffner		4. DATE OF DEATH	12		1	7 1	° 58
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIE		5-14-1	891		9. AGE (In years lost birthday) 9 yrs	Month	DER 1 YEAR	Hours	R 24 HRS. Min,
Retire	ON (Give kind of work rking life, even if retired B&CO	1	KIND OF BUSINESS OF repairman		Mar	yland	d	ountry)	12.	U.S		COUNTRY
13. FATHER'S NAME	Charles	W.H	effner		4. MOTHER'S A			e Kimm	T			
5. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO.	Mrs		Heff	ner,	Brunsw:	dress Lck,	Mary	land	i i
Conditions, if a gove rise to couse (o), storing lying couse lost.	the under-		Cesebral	lfa	enor	rliag	g Q				24	yko,
<u>Z</u>	THER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO T	HE TERMINA	AL DISEAS	E CONDITION G	VEN IN I	PART 1(o) 15	PERFO	NO [
	AS UNDERLYING A GAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (Enter noture of	injury in Po	rt I or Por	t tl of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. II While of wor	Not while	20e. PLACE foctor	OF INJURY (He y, street, office I	ome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
actual SIGNATURE	bat I attended the	deceas 195	Pr.	death as	courred at	5Ac		n the causes treet city or town	and o	I last so the dat	e state	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO		22c. NAME OF CEME			2	2d. LOCA	TION (City, town,	or count	(v)	(Stote)
REMOVAL (Specify Burial) 3. FUNERAL DIRECTOR		_	Park H		ind :	246. REC'D DE	BY REGIST	TRAR 246. REC	ISTRAR'S	SIGNATUR	E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

Stolening - 2 Advanta alest 1012 . . . Territor, Lafern Mrs. Torus (althor, Barranick, northern, ave. LEBERGARIO, CARVENDER

14276 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE o. STATE Pa.	(Where deceased li	b. COUNTY	Residence beform	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN		e limits, write RUR	RAL ond give ne	orest town)
	08.		ersburg			2 X-2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Garlock Conval. Hospital		d. STREET ADDRESS	son Ave.			e. IS RESIDENCE ON A FARM? YES NO
DECEASED	Middle	Lost	4. DATE OF	Month		
OJII OILLA R. HEHR			DEATH	Dec	- ,	19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER White WIDOWEDX	MARRIED B.	Feb. 14.	1868		Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	NESS OR INDUST	RY 11. BIRTHPLACE (SE				OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDE			10000	****
Samuel A. Rider			Ann Hul	11.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no, or unknown) (17 yes, give war ar dotes of service)		es. Paul	N. Geyer	9举3 Char	Wilso	n Ave. urg. Pa.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-	nd (c).]	clerk	Henri	Kise		ERVAL BETWEEN SET AND DEATH
Iying couse lost. (c)			11 66 65		1 IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO 2
20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJ	URY OCCURRED.	(Enter noture of injury	in Port I or Port II	of item 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR While Not while of work of work	D 20e. PLAC focto	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or etc.)	town)	(County)	(Stote)
21. I certify that I attended the deceased from a live on 12 3 5 19 and ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) THE WAT AT	,	occurred to the bolt of the bo			d an the da	te stated above
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME O Centre Burial 12/9/58 Centre	e Co. 1	CRÉMATORY Memorial	22d. LOCATION	N (City, town, or o		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240 8	EC'D BY REGISTRA		AR'S SIGNATUI	RE
Charles M. Rouzer, Hagerston	wn, Md.	DATE			94	

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• 12 (2.71)	William Late Special		
		Marine Long	TO THE RESIDENCE AND ASSESSED.

CERTIFICATE OF DEATH 11977

	1.7	241	4					Reg. Dist	l. No.	
1. PLACE OF DEATH a. COUNTY	Washingto:	n	MARYLA	- 11	o. STATE Md.	here decease	d lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (I RURAL and give no Hagers	f outside carporate limit carest Jown) COWN	s, write	c. LENGTH OF STAY IN 2 months	ч 16	c. CITY OR TOWN (IF o		orate limits, write R	URAL and gi	ive nearest fav	∼n)
d. NAME OF HOSPIT OR INSTITUTION GETLOCK	AL (If not in hospital, gi Memorial	HOS	pital		d. STREET ADDRESS 65 East	Ave.			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Mary	•	Margaret		Hoffman	4. DATE OF DEATH	Dec	embe:	r 8,	Yeor 1958
female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED		Peb. 22, 1	893	9. AGE (In years lest birthday) 05 yrs.		YEAR IF UNI	
10a. USUAL OCCUPATION during most of work NOUSE	ON (Give kind of work ding life, even if refired) WITE	one 10b.	KIND OF BUSINESS OR	INDUSTR	Williams			12. CITIZ	ZEN OF WHA	T COUNTRY
13. FATHER'S NAME	William I)avi	S		14. MOTHER'S MAIDEN N		Frances	Ecki	is	
15. WAS DECEASED EVER	R IN U. S. ARMED FORC (If yes, give wor or dates of se	TES? 16.	SOCIAL SECURITY NO.		Earl Hoffi	man,	Hagerst		Md.	
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO ny, which) (b),	Ar	terioscle:	roti	c Cardiova	as c ul			INTERVAL E ONSET AN Yes	D DEATH
gave rise to it cause (a), stating lying cause last.	mmediate (
Cere 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ebral Hemo	orrh	age Sept.	29,1	OT RELATED TO THE TERMI 1958 With 1 LEnter nature of injury in t	hemip	legia.		PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Hour a. m. p. m.	19	While at work	Not while	focto	E OF INJURY (Home, form ry, street, office bldg., etc.	.)	TIBRE.		ounty)	(Stote)
21. I certify the alive on	R. A. Be	Della della	ond that d	h 19 leath o	119 N. I	AM, from ADDRESS (S	n the causes of treet, city or town,	et,	e date star 12-9-	ted above
220. BURIAL CREMATION REMOVAL (Specify) burial	N. 226. DATE THEREOF	8	Green Hi	ERY OR C	rematory emetery	nd. loca Wayn	tion (city, town, c	Penn	18.	ite)
23. FUNERAL DIRECTOR'S		So	ADDRESS n, Hagerst	town	Md. DATEFO	D BY REGIST		STRAR'S SIGN		

neral director, 3 be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the hospital ar attending physicion.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove corban pagers. Pages 1 and 2 shouther registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/S5

death. Poge 4

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CERTIFICATE OF DEATH

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183										Keg. Dist. I	40.	
	1, 1	LACE OF DEATH	ashington		MARYLA		o. STATMATYLA	ore deceased li	ved. If institution b. COUNTY	Frede		
	1	CITY OR TOWN (II	f outside corporate limit carest town)	ls, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If or	utside corporat			nearest taw	n)
		Boonesh					Brunswick		10	35,2		
10		OR INSTITUTION	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS					A FARM?
10	L		eder Nur	sing	Home		121 West	~			YES	NO.
	1	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon			Year
	5. 9	Type or print)		lla	R.	Hos		DEATH	AGE (In years	JEUNDER 1 YE		1958
	J. 3			WIDOWI	IED NEVER MARRIED	Salarana .	DATE OF BIRTH 3-22-1872	"	lost birthdoy)	Months Day		Min.
	100	Female USUAL OCCUPATION	White				Y 11. BIRTHPLACE (Stole	or foreign cour		12. CITIZEN	OF WHAT	COUNTRY
1		Retired	ring life, even if retired		ook keepi		Marylan			TT C	S.A.	
)	13.	FATHER'S NAME	CTGLY		OOK REEDI		14. MOTHER'S MAIDEN N			1 000) . H .	
1			Michael	Hog	an		Ms	arv Vi	rginis	Hymes	ą	
		WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. INFO	DRMANT		Addr			
	{Yes	No. or unknown)	(If yes, give wor or dates of s	ecvice)		Mrs	.Catherine	e Brow	m.Brun	swick.	Mary	rlahd
		18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne (a), (b), and (c).	-	+.	0			TERVAL BI	ETWEEN
		PART I. DEA	TH WAS CAUSED BY:	,	Peresels	ind	aderusa	12021	1		NSET AND	NEATH
		4500	DUE TO		//		1= 11	/	fram		,/,	
		Conditions, if o		Me	elourgel	4006	con of h	2-12-6	-6		46	NS
		gave rise to it couse (a), stating			/		(/					
	_	lying cause last.) (c)			<u> </u>				1	
0	CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE (CONDITION GIV	EN IN PART 1(c	PERF	AUTOPSY DRMED?
	CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury in P	art I ar Part 11	of item 18.)			
	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while at wark		E OF INJURY (Hame, form, y, street, affice bldg., etc.		r town)	(Coun	ty)	(State)
		21. I certify th	at I attended the	deceas	ed from Frede	16	, 1958, to W	ce. 30	1958	that I last	saw the	deceose
		alive on All	e: 30	, 19	and that	deoth o	ccurred ot 7.82					
			-4 111	1,	1/2		12	ADDRESS (Street	et, city or town,	state)	13/0	ATE SIGNE
		ACTUAL SIGNATURE	V. W.	del	1ave	M.1	0. 100	2 x2 6 6	020		10	1/5
1		PHYSICIAN'S NAME (Type)	G.W.1	10	an		g ngan hiện điện kiện ngọc kiện kiện kiện kiện ngọc ngọc ngọc nộc ngọc ngọc	agan. One agan amo 1889 sebe agan 1800 sebe aga	914	7	~	
	220	BURIAL, CREMATIO)F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCATIO	ON (City, town, o	or county)	(Sto	te)
	-	Burial	1-2-19	59	Park H	eigh			swick,			
	23.	FUNERAL DIRECTOR		1112 41	ADDRESS	and		BY REGISTRA		STRAR'S SIGNA	TURE	
		#1 71. W	[] I v	1 4 1 1 7 7% W				PLE PA TELLED	1	-1 10 1		

TO HOSPITAL OR may be retained TO FUNERAL DIR VS A1S (4) 15M 9/S5

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	4278	CERTIFICATE	OF	DEAT
ŧ	4440	CERTIFICATE	UL	DEM

Reg. Dist. No.

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	a. COUNTY	shington		MAR	YLAND	a. STATE	Maryla	100	b. COUNTY	Wash:	ingt	on odmiss	ion)
	b. CITY OR TOWN (IF RURAL and give nec Hagersto	rest town)	ts, write	c. LENGTH OF STAY		c. CITY OR T	TOWN (If or Hager		ote limits, write R				1)
	d. NAME OF HOSPITA OR INSTITUTION 295 Fred	L (If not in hospital, g lerick Str		address)		/ d. STREET A	reder	ick S	treet				FARM?
3	NAME OF DECEASED (Type or print) S	MON Fir	st	Middle CHESTER		Los HOLZAPFEI		4. DATE OF DEATH	Mon Decembe:		Do	_	Year 19 58
5	SEX Mall a			NEVER MARR		B. DATE OF BIRTI			9. AGE (In years last birthday)		1 YEAR Days	Hours	R 24 HRS. Min.
110	Male	White	WIDOWI	Late.		May 19		or foreign co	8 Ors.	12 CIT	175N O	E WALLAT	COUNTRY?
	during most of worki	ng lite, even it retired		Own Busine			rstown		- 7		U.S.		COONIKIA
-	B. FATHER'S NAME	To all our To		OWIT DUDING	100	14. MOTHER'S			Land		0.0.	AL e	
	Henn	y Holzapf	el			F.OV.	Ma	rtha I	E. Lippe	1			
1:	. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT			Add				
L	no	yes, give war or doing or .		one		. Richar	rd Hol	zapfe	l Wayne	esbor	0, F	a.	
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (a	()	ne far (a), (b), and (c)	1)	hora	iveis	- du	eto			RVAL BE	
	Conditions, if an gave rise to im	DUE TO	1	rterw	CA	rlero	عن				1.	5 m	in .
	cause (a), stating the lying cause last.	one under-)										
CEPTIFICATION	PART II. OTHE	R SIGNIFICANT CON	rons c	CONTRIBUTING TO DE	7	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	T 1(a) 1	PERFO	AUTOPSY PRMED? NO 4
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature a	of injury in Po	art I ar Part	11 of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	While	Nat while at work	20e. PL	ACE OF INJURY (1 ctary, street, affice	Home, form, e bldg., etc.)	20f. (City	or town)	(0	Caunly)		(State)
	21. I certify the	t I attended the	deceas	ed fram Pul	29	1956	, to 13	ee.	3 , 1958	that []	last sa	w the	deceased
	alive on	u.3	_, 19 5	, and that	death				the causes a				
	ACTUAL SIGNATURE	dry no	rere	ei		M.D. Jr			eet, city ar town,			DA	ATE SIGNED
	PHYSICIAN'S NAME (Type)	15N	54	NOVE	VS-	IIN.							
27	Ro. BURIAL, CREMATION REMOVAL (Specify) Burial	1.1	f/ 58	Rose Hil		R CREMATORY emetery		Tuesday	ON (City, town, o	,,	land	(State	e)
23	Suter - ROUZE R. Fankly M	SIGNATURE r runeral	Home	ADDRESS			24a. REC'D	BY REGISTE 8 '58	AR 24b. REGIS	TRAR'S SIC	SNATUR		

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Reg. Dist. No. 302

	Vashington		MARYL		2. USUAL RESIDENCE (WI o. STATE Maryl	and	b. COUNTY	Washi	ngton	
RURAL and give no	If outside corporate limited earest town)	ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF			RAL ond give	nearest low	n)
Rural Hage			33 years		X Rural Ha	gersto	wn			
or institution R.F. D.	TAL (If not in hospitol, g # 6	ive street	address)		d. STREET ADDRESS R.F.D.#	6			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir JULIA	st	Middle BELLE		IRV ING	4. DATE OF DEATH	December		Doy]	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years			
Female	White	WIDOW	ED DIVORCED		November 23,	1878	lost birthdoy) 80 yrs.	Months Day	s Hours	Min.
10o. USUAL OCCUPATION during most of work HOUSEWII 13. FATHER'S NAME	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Beaver C	reek,	Maryland	12. CITIZEN	S.A.	COUNTRY
	David Fulto						+			
15. WAS DECEASED EVE			SOCIAL SECURITY NO	17 16	VEORMANT	Legget	Addre			
(Yes, no. or unknown) NO	(If yes, give wor or dates of s	ervice)	hone		rs. Gail Wolf	e e	Hagers		Mary	land
Conditions, if a gove rise to it couse (o), stating lying cause last.	the under-		Hood u	A.	1 -				۲	
ICATI					NOT RELATED TO THE TERMI			N IN PART 1(a	PERF	AUTOPSY DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter nature of injury in I	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While of work	Not while	Oe. PLA foci	CE OF INJURY (Home, farm tary, street, office bldg., etc	20f. (City	or town)	(Count	(y)	(State)
alive an	or attended the	Lecus	, and that c	N	accurred at // f A.D. / T G W - W - W - W - W - W - W - W - W - W	ADDRESS (SH	the causes an	g garin	date stat	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREO		22c. NAME OF CEMET Dunkard Ch	ERY OR	CREMATORY	22d. LOCAT	ION (City, town, or	county)	(Sto Marv]	
23. FUNERAL DIRECTOR'S	er Funeral	Home	ADDRESS Hagerstown		24a. REC'I	D BY REGISTI		RAR'S SIGNAT		GIIU

ral director, e filed with oth: Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIREC TO HOSPITAL OR VS A15 (4) 15M 10/57

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			SHILL SEEMS FAIRE
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death. Page 4

may be retained the haspital ar attending physician.

Defunction on completely filled in by the bern signed by the attending physician and completely filled in by the Bern director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR AT may be retained TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

64	4.13			keg. Dist. No.
1. PLACE OF DEATH . COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE WATER TY LE	ere deceased lived. If institutions Ind b. COUNTYW	Residence before odmission) ashington
b. CITY OR TOWN (If outside corporate limits, or RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 16		utside corporote limits, write RUR rstown	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Irvin Ave	street oddress)	d. STREET ADDRESS	vin Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Irene J	osephine J	aynes	4. DATE Month OF DEATH Decem	ber 13 19 58
70 1 un. 14		8. DATE OF BIRTH May 6, 1901	4	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) HOUSE WITE	000. KIND OF BUSINESS OR INDUS	Hagerst		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Lewis W. Maug	ans	Mary E.	Cromer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give wor or doles of service)	1	· Sidney B.	Jaynes Ha	gerstown Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION	ONS <u>CO</u> NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
A Hour a.m.	20d. INJURY OCCURRED 20e. PL/ While Not while foo of work	ACE OF INJURY (Home, form, story, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the de alive on 12-13, ACTUAL SIGNATURE TOUR PHYSICIAN'S			M, from the couses and ADDRESS (Street, city or town, stored). Potomac St.	that I last saw the deceased d an the date stated above ple) DATE SIGNED
NAME (Type) Paul Harr	ison	Hage	rstown "d.	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 12-15-58	Rose Hill	crematory Cemetery	22d. LOCATION (City, town, or Hagerstown	county) (State) Md e
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich &	ADDRESS	24a. REC'E	BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE

	CERTIFICATE		
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		A CONTRACTOR OF THE STATE OF TH	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington Washington MARYLAND Maryland b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ad. STREET ADDRESS e. IS RESIDENCE R # DOA - Emergency Room - Hospital YES INO 3. NAME OF 4. DATE Lost Month Year DECEASED 158 Dec. Martha Lou Kelbaugh (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 5. SEX 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HRS lost birthday) White Dec. 12.1942 Months Hours Days WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA School Washington County Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Williams Charles Grayson Kelbaugh 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Charles G. Kelbaugh-Father- R#1 Hagerstown, Md no none 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I: DEATH WAS CAUSED BY: Fractured Skull (Closed) IMMEDIATE CAUSE (a) Multiple fracture of ribs DHE TO Fracture right femur (closed) Canditions, if any, which gave rise to immediate cause Hemorrhage and shock DUE TO (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20a. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck by oncoming car while crossing highway 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (County) (State) While Not while at work X factory, street, office bldg., etc.) Rural-Hagerstown, Wash Md 1958 Hibhway

pwa. poges It: This certificate should be executed with word "pending" in pencil in them. Chief Medical Examiner's Office along with 3 should be used as a burial-transit permit. ന writing to the Page forward ad 1 DIRECTOR: 1 designated 4 should be 10 FUNERAL D 0

SIGNATURE

EXAMINER'S NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify)

S. Robert Wells. M.D. 22c. NAME OF CEMETERY OR CREMATORY

M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO

Dec. 9'58

DATE SIGNED

(Stote)

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

Stouffer's Cemetery

2). I certify that I took charge of the remains described above, held on Autopsy , Inspection x, Inquiry ,

opinion death resulted from: Notural causes , Accident X, Suicide , Hamicide , Undetermined manner

240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Washington County, Md 24b. REGISTRAR'S SIGNATURE

A.E. Minnick Funeral Home- Greencastle, Pa.

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death. Page 4

CERTIFICATE OF DEATH

Ra	et.	Dist.	No

L	14/	281	AIL OI BLAIII		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where		ni Residence before admission)
	Washington	MARYLAND	o. STATE Marvl:	b. COUNTY	Washington
	b. CITY OR TOWN (If outside corporate limits, writ	c. LENGTH OF STAY IN 16		ide corporate limits, write RU	
1	RURAL and give nearest town) Hagerstown	TANE	03 Haffordtown		
1	d. NAME OF HOSPITAL (If not in hospital, give stre	Vears	Hagerstown	.1	e. IS RESIDENCE
	617 N. Mulberry St		1 125 25 26	Therman Old	ON A FARM?
-		U •	1 617 N. Mu.	lberry St.	YES NO-F
3.	NAME OF DECEASED (Type or print) MRRX	E. KE	LLER	OF DEATH 12	Day Yeor 21 19 58
S.	SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS.
	female white wood	OWED A DIVORCED	2/17/1871	lost birthdoy)	Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done)		USTRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Ι,	during most of working life, even if retired)	own home	Maryland		U.S.
_	FATHER'S NAME	OWII HOMO	14. MOTHER'S MAIDEN NAM	A F	1 0.5.
15	Joshua Summers was deceased ever in U. S. Armed Forces?			Leatherman	
	s, no. or unknown) {If yes, give wor or dates of service}	16. SOCIAL SECURITY NO. 17.	INFORMANT		nager stown, nu.
	no	none 0	scar S. Kelle	er, 617 N. 1	Mulberry St.
	18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Brain tumor (t	vpe undiagnosed	1)	7 mos.
	237 X DUE TO		convulsive seiz		2001
	Conditions, if ony, which)	2100 0011116	0011101101010	, 4, 2	
	gove rise to immediate				
	Luine cours last				
z	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TERMINA	L DISEASE COMBITION CIVE	NAME OF TAXABLE PARTY O
5	PART II. OTHER SIGNIFICANT CONDITION	43 CONTRIBUTING TO DEATH BO	I NOT KEDATED TO THE TERMINA	E DISEASE CONDITION GIVE	PERFORMED?
Š					YES NO E
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part	t I or Port II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	none			
MEDICAL			LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
MED	10	work ot work	none	the state of the s	
	21 Learning that Letterded the deep	eased from Oct	, 19.48, to I	Dec. 21 19 58	That I last saw the deceosed
	21. I certify that I attended the dece				
	alive an Dec 20 , 19	and that deat			d an the dote stated above
	ACTUAL & B. P. A. 7	wells		DRESS (Street, city or town, st	
	SIGNATURE SI CLEET	, , , , , , , , , , , , , , , , , , ,	M.D. 115 N. H	otomac Street	:- 12-22-5 9
Ш	PHYSICIAN'S TO CO				
	NAME (Type) Dr. S. R. We		Hagers	town Nd	
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY		d. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify) DUrial 12/22/1059	Reformed	Coverten	Wi 441 a + a - a	Ma
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D B	Y REGISTRAR 246. REGIST	RAR'S SIGNATURE
	Gladhill Co. Mid	Alatorm Ma	DATE DEC	2 4 '58	hun S. Kraus
	Gladhill Co., Mid	dletown, Md.	DAIE		a. Mand

may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 1SM 9/S5

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TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the need director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 1SM 9/S5

	1460	G CERTIF	ICA	CIE OI D	FULL			Reg.	Dist. No.	302	
1. PLACE OF DEATH o. COUNTY Washing to	on	MARYLA	AND	2. USUAL RESIDE		ere decease	d lived. If institution b. COUNTY			re admiss	ion)
b. CITY OR TOWN (If RURAL and give ne	f outside corporate limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TO	OWN (If o	ulside corpo	prote limits, write R	URAL on	d give nea	rest town)
Hager	stown	20 Hrs		03 Has	rers	town					
OR INSTITUTION	AL (If not in hospital, give stree county Hospi			d. STREET AD	bress Tagt	Ant	ietam				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First	Middle OLIVER	F	Lost CENNEDY		4. DATE OF DEATH	Decemb		0a)	,	reor 19 58
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years lost birthday)		ER 1 YEAR	IF UNDE	R 24 HRS.
Male	White widow	VED DIVORCED	0 8	Sept 14	188	4	74 yrs.	Month	5 Doys	Hours	Min,
100. USUAL OCCUPATION during most of work	ON (Give kind of wark done 10th king life, even if retired)	Retired	INDUS	TRY 11. BIRTHPLA			ountry) Va.	12.	CITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	O. 10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	11001100		14. MOTHER'S A			545 000 0			2 242	
To how 1	Vannada			E.T.	lan	Arma	trong				
	Kennedy R IN U. S. ARMED FORCES? 116	S. SOCIAL SECURITY NO.	17. IN	FORMANT	T AII	** 7 1110	Add	ress			
(Yes, no. or unknown)	(If yes, give war or dates of service)		Jı	ilia Ani	n Ke	nned	v 132 E	. Ar	ntie	ta.n	St
18. CAUSE OF DEA	ATH [Enter only one couse per	line for (o), (b), and (c).		Hager						RVAL BE	TWEEN
	TH WAS CAUSED BY								ONS	ET AND	DEATH
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Conditions, if or	*	eriosclero			210	09.00				6 m	onth
gove rise to in	mmediate (Due To	ellosciel	701	e Heart	ule	case				о щ (/11 011
lying couse lost.	the under-								199		
Z PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO 1	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN P	ART 1(o) 1	9. WAS	AUTOPSY
Tunna	ervthematos	is								PERFO YES [RMED?
20g. ACCIDENT WA		SCRIBE HOW INJURY OCC	CURRED), (Enter nature of	injury in 1	Port I or Par	t II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Whil			CE OF INJURY (Helory, street, office			y or town)		(County)		(State)
21. I certify the	at I attended the deced	sed from Decemb	oer	151958	Dec	embe	r 151958	_,that	I last so	w the	decease
	ember 15 /19	_									
	17						treet, city or lown,				ATE SIGNI
ACTUAL	Wed kyno	n, 209-	A	A.D100	Prof	Cessi	onal Ar	ts	Bldg	e12	2/16
PHYSICIAN'S NAME (Type) W1	lliam T. Lav	man		Наде	rate	own			Ma	ryl	and
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR				TION (City, town,	or county		(Stote	
REMOVAL (Specify)	12/18/58	Blue Ridge	e Co	enetery		Thu	irmont F	red	Co	1	d.
23. FUNERAL DIRECTOR"	S SIGNATURE	ADDRESS		V	240. REC'I	BY REGIS		STRAR'S	SIGNATUR	RE .	
Androwk	Caffran	Isperatown	3.2		DATECT	2 2 '58	CI-X	1.7 8.	Kraus	,	

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CERTIFICATE OF DEATH 14283

エマルリ			Keg. Dist	. No.
1, PLACE OF DEATH o. COUNTY WAS HINGTON	MARYLAND	2. USUAL RESIDENCE (When o. STATE MARYLAND	re deceased lived. If institutions Residence b. COUNTY WASHTNGT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and giv	
HAGERSTOWN	NINE DAYS	X BOONSBOR	RO	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOS	SPITAL.	HIGH STE	REET	YES NO
3. NAME OF First DECEASED (Type or print)	Moduli MAH	KEPLER	4. DATE Month OF DEATH DECEMBER 13	Doy Yeor 1958 19
		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
MALE WHITE WIDOW				Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU			EN OF WHAT COUNTRY
FARMER	RETTRED	NEAR MIDDI	ETOWN FRED. do. M	D.II.S.A.
13. FATHER'S NAME	THEIL	14. MOTHER'S MAIDEN NA		U. D. A.
JOHN H.KEPLER		SUSAN A	HALT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	VONE CY	RUS R KEPLER	R BOONSBORO MD.	
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]	f 11		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rterisell	erolly the	reut	34163
420.0 DUE TO				
Canditians, if any, which) (b)				
gave rise to immediate cause (a), stating the under				
lying couse lost. (c)				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS				YES NO
-	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I ar Part II of item 18.)	
	Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town) (Co	unly) (State)
21. I certify that I attended the deceas	ed from Dec 1	1958 10/1	e 13 1018 that I to	ist saw the decease
1. 800 170	100	occurred at 5 A		
alive an hyper 19	, die mai deam		.M, from the causes and an the DDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE DIVILU	ay	M.D. Bo	oroboro	12/13/5
PHYSICIAN'S A. WILEV	an		1	ld,
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
BURIAL DEC. 15 195	8 BOONSBORO	CEMETERY F	BOONSBORO WASH.C	O.MD.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D	BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
Jahr D. Bas	t 19 mus	loves Mate o	EC 1 8 '58 Onther &	Trava.

may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the property page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

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ely filled	Pages 1	
complete	papers.	oth.
buo uoi	carbon	and in any event within 72 hours after death.
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be retained. The haspital or attending physician.
NERAL DIR. (10R): After this certificate has been site 3 should be detached far use as the burial-transit egistrar prior to burial, crematian, or remayal, and

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offset death. Page 4	OF	Dd.	4
VS	A15	(4)	
131	W1 7/	3.5	

	1428	4 CERTIFIC	ATE OF DEATH	Reg. Di	11. No. 302
1. PLACE OF DEATH o. COUNTY Washi:	ngton	MARYLAND	O STATE	ere deceased lived. If institution, Resider b. COUNTY Washing to	
b. CITY OR TOWN (IF RURAL and give ne Hager	f autside corporate limits, write orest town) S town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate fimits, write RURAL and	
OR INSTITUTION	AL (If not in hospital, give streets Hill Ave	et oddress)	d. STREET ADDRESS / 1112 Ros	e Hill Ave	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GEORGE First	HENRY Middle	KOOGLE	4. DATE Month OF DEATH December 1	7 19 58
s. sex	White wipor	RRIED NEVER MARRIED DIVORCED DIVORCED	May 13 1884	lost birthday) Months 74 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Cabinet	ON (Give kind of work done 10 ing life, even if retired) Builder	b. KIND OF BUSINESS OR IND Retired	Myersvill		USA
Jacob				Poffenberger	
	R IN U. S. ARMED FORCES? 1 If yes, give war or dates of service)		informant irs Jean Ecks	ard 1701 Salem A	ve Extd
	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(v. 1 6 L	Hagerstown	ı Md.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	nmediote (Carcinone	- Left here	j	ingri
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I		S CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMIN	nal disease condition given in Par	TT I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in P	'art 1 or Port 11 of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.	20f. (City or town)	County) (State)
21. I certify the olive on	at I attended the deceded 1997 1998 1998 1998 1998 1998 1998 1998	-0	th accurred at 6A		last saw the decease he date stoted above DATE SIGNE
PHYSICIAN'S NAME (Type)		11 11.0	HAGERSTO	OWN, MARYLAND	
20. BURIAL, CREMATION BURIAL (Specify) Burial	12/19/58		Cemetery	22d. LOCATION (City, town, or county) Hagerstown Wash.	(Stote)
23. FUNERAL DIRECTOR'S Andrew K		ADDRESS ADDRESS		D BY REGISTRAR'S SIG	

FITAGO TO STADIFICATE OF DEATH analysis of the artificial from the common transmit of the Common attack that the common of the comm

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14285 CERTIFICATE OF DEATH

Reg. Dist. No. 302 29()

1, PL 0.	ACE OF DEATH COUNTY Washi	ngton		MARYI	AND	2. USUAL RESID	Land		ashingt	oni Residence t	pefare admis	ion)
	CITY OR TOWN (IF RURAL and give neadlagersto		ts, write	c. LENGTH OF STAY	100				orote limits, write RI	URAL and give	nearest town	1)
d.	NAME OF HOSPITA	L (If not in haspital, g		address)	,,,5	d. STREET AT	DDRESS	towr				FARM?
V	ash. co	unty Hos	oita	l l		131 No	Car	nnon	Ave		YES	NON[]
DI	AME OF ECEASED ype or print)	JOSE		Middle	K	ROBOTH	Sr	4. DATE OF DEATH	Decemb		Doy 1958	Year 19
5. SE	x	6. COLOR OR RACE	7. MARR	HEOLENEVER MARRIE	DO	B. DATE OF BIRTH			9. AGE (In years	IF UNDER 1 Y	EAR IF UND	
1	Male	White	WIDOWE			Sept 4	1890)	68 yrs.	Months Da	ys Hours	Min.
11	during most of warking	N (Give kind of working life, even if retired AMET C	1	t Corp Re	tir			or foreign (country)		OF WHAT	COUNTRY
13 F	ATHER'S NAME					14. MOTHER'S		IAME				
	No	Record					No F	Recor	rd			
15. W	AS DECEASED EVER	IN II S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		10001	Addr	911		
	No	yes, give wor or dates of s	et b-	10-6882					oth 131	No Ca	nnon	Ave
]	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	0	o for (a), (b), and (c).	2.6	Hagers	town	1 Md.	& Dis		NTERVAL BE	
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	lying couse lost.) (c										
CERTIFICATION	PART II. OTHE	er significant con	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMII	NAL DISEA!	SE CONDITION GIV	EN IN PART 1(e	PERFO	RMED?
	200. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED	. (Enter noture of	injury in P	Part I or Po	rt II of item 18.)			
MEDICAL	Oc. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Ye	While	Not while	20e. PLA foci	CE OF INJURY (Hory, street, office	lome, form, bldg., etc.	20f. (Cit	y or town)	(Cour	nty)	(Stote)
1 1	21. I certify the plive on 12	1 1 attended the	decease 19		death	38, 19 accurred at			m the causes a street, city or town,		date state	
3	CTUAL BOOK BOOK	obert 1	40	amphe	W,	A.D. 145	w	Wa	shing	Tou S	1-13	129/
	PHYSICIAN'S NAME (Type)	obert u	1. h.	Campb.	211	<u> </u>	Vay	en	stow	71 2	Md.	
_	BURIAL, CREMATION REMOVAL (Specify) T1al	12/31/5		Rose Hil	-	crematory emetery	7		TION (City, town, or stown)	Wash.	Go M	
23. FI	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS TT	- 12		240. REC'E	BY REGIS		TRAR'S SIGNA		-
Ar	ndrrw K.	Coffman	Hag	erstown M	d.		DATE MA	W 5	59	allun 9 4	4	

	ATE OF DEATH	CERTIFICA	
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			27. Learning Self-Company Common Land
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Distance Hartoche at a			A PERSONAL PROCESS AND A PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO
			AND STREET, ST

	14000	Keg, Dist, No.
	1. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY WASHINGTON
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) REAVER CREEK SVEARS	XREAVER CREEK
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
)	HAGERSTOWN MD R.I	HAGERSTOWN MD. R. (- VES D NO D
	3. NAME OF First Middle DECEASED (Type or print)	LOST 4. DATE Month Day Year OF DEATH DECEMBER, 24, 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE WHITE WIDOWED DIVORCED	Approx. 96 yrs. Manths Days Hours Min.
1	10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
	HOUSE WIFE AVA HONIE	SHAR PSIBURG WASH, CO. MD. U.S.A.
	SOHN H, SNAVELY	LYDIA DONALDSON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address MD, 12 /
		RS. J. LESTER MARSHALL HAGERSTOWN
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
3	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ismen theirs nin
	Conditions, if any, which)	Ocelusin Ich.
	gave rise to immediate cause (a), stating the under-lying cause last.	o clering.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to a p. m. P. m. 19 While Not while at work at work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State ctary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 12-23	1958, to 12-53 1987, that I last saw the decease
	1	
	P . 0 82 11	accurred at 11 2.M, from the causes and an the date stated aba ADDRESS (Street, Sty or tasks, state) DATE SIGN
	SIGNATURE COULD SY LOW	MD 1 1 2. CMT (TOW 12) WI
	PHYSICIAN'S LOUIS G. GRAFF	Hagerstown, Ml.
	220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	17 URIAL DEC. 29. 1958 I MAUNTAIN VI	EW CHVIETERY SHARPSBURG WASH. CO.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
	John H. Pass / Devuly	10 Mg DATE 158 Outling & Kinua

may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial transit permit. TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

VS A15 (4) 15M 9/55

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requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The law

or ottending physician. is certificate has been signed by the attending physician and campletely filled use as the burial-transit permit. Then please remove carbon popers. Pages I amina ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF

14286 CERTIFICATE OF

HEALTH—BALTIM	ORE, 18	14292
DEATH	Reg. Dist. N	0,
ESIDENCE (Where deceased lived.	If institution, Residence before.	fore admission)
R TOWN (If outside corporate lim	its, write RURAL and give n	earest town)
TIMORE	3 vo1-	4
COLLINGTON	AVE.	e. IS RESIDENCE ON A FARM? YES NO
1-4 DATE	14 .1	M

	1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	re deceased lived. If institution, Reside b. COUNTY	nce before admission)
	b. CITY OR TOWN (If outside corporate limit		MARYLAND	tside corporate limits, write RURAL and	
-	RURAL and give nearest lown)		BALTIMURI		
	HAGERSTOWN	26 DAYS		3 7 6	21-4
Ħ	d. NAME OF HOSPITAL (If not in hospital, gi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	WESTERN MARYLANDS	STATE HOSPITAL	1808 COTT	INGTON AVE.	YES NO
	3. NAME OF Firs DECEASED (Type or print)	RL Middle	MANNS	4. DATE Month OF DEC.	Doy Year 7 1958
1	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
)	MALE COLORED	WIDOWED DIVORCED	SEPT. 4.19	115 lost birthdoy) Months	Days Hours Min.
4	10a. USUAL OCCUPATION (Give kind of work d	one 10b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote o	r foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) CLERK	DEPARTMENT ST	WE MARYLA	WD	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	JACKSON MANN	5	SARAH	ELIZABETH MA	MNS.
	15. WAS DECEASED EVER IN U. S. ARMED FORC		INFORMANT	Address	0 14
	(If yes, give wor or correct or se	219-12-2929 81	ANDULPH MANNS I	BOY 317 RTE SEVERN	A PARK MD.
	18. CAUSE OF DEATH [Enter only one cou	use per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PULMONARY E	DEMA & CONG	FESTION	ONSET AND DEATH
	199.2 DUE TO				
	Conditions, if any, which)	CARCINOMA O	F PERINEUM	& ANUS	1 YEAR
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	lying couse fost. (c)				
	PART II. OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	
	FI ANEMIA. G	RANULOMA INC	GUINALE		YES NO
	PART II. OTHER SIGNIFICANT CONE PNEMIA. G 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19		LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the	deceased fram NOV.	10 , 1958, to DE	C, 7 , 1958 , that I	last saw the deceased
	alive an DEC. 7			M, fram the causes and on	
				DDRESS (Street, city or town, state)	DATE SIGNED
	ACTUAL GEORGE	Bleen.	1500 PENA	ISNIN VANIA AUF	12/7/50

PHYSICIAN'S NAME (Type) BERCV. G.

HAGERSTOWN MD

REMOVAL (Specify) 12-11-58	229 NAME OF CEMETERY OR CREMATORY	Toler	City, town, or county)	(Stote)
13. FUNERAL DIRECTOR'S SIGNATURE		240. REC'D BY REGISTRAR	246. REGISTRAR'S, SIGNATURE	

may be retained to the haspital or ottending physician.

TO FUNERAL DIRECAR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the registrar prior to burial, crematian, ar remaval. and in any TO HOSPITAL OR VS A1S (4) 15M 9/55

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	Mr. Draw	The Administration

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	gerstown		Life	O Hage	rstown					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,) O Rose Hil	give street 1 AVE	oddress)	d. STREET ADDRESS		ill Ave.				FARM?
3. NAME OF DECEASED		rst	Middle	Lost	4. DATE OF	Man	ith	Do	у	Yeor
(Type or print)	ROB	ERT	I	MARKS	DEATH	Dec	-	19		19 58
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. DATE OF BIRTH	7007	9. AGE (In years last birthdoy)	Months	Doys	Hours	Min.
Male	White	WIDOW		March 24,		37 ym.				
00. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	tote or foreign o	country)	12. CI	TIZEN C)F WHAT	COUNTRY
Mechai			Automobile		town, Mo	•		USA		
13. FATHER'S NAME	11/2 300.5			14. MOTHER'S MAIDE		,				
	aul I.Marks				V.Smit					
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOI (If yes, give wer or dates of	service)	300	informant rs.Evelyn T.	Marks 1	Add 2000 Rose	П		rstow	n,Md
Conditions, if gave rise to couse (o), stoting lying couse lost	ony, which immediate the under-	b) R1	leumatic	Reart de	sease	, advar	ud		rde	fine
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200. ACCIDENT W	AS UNDERLYING AS LANGE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Pa	rt II of item 18.)				
20c. TIME OF INJU Hour o. m.	10	ear 20d. I White of wor	Not while	PLACE OF INJURY (Home, factory, street, office bidg.,	farm, 20f. (Cit	y or town)	((County))	(State)
olive on 1	hat I attended the 2=18-58	, 19		th occurred of	ADDRESS (m the causes Street, city or town	and an 1		ote stot	
SIGNATURE	Cecre	4	Readle			ac St.			12-2	10-58
PHYSICIAN'S NAME (Type)	Robert F.	Keadl	e, M. D.	Hager	stown, l	Md.				
220. BURIAL, CREMATI	ON, 226. DATE THERE		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	ATION (City, town,	or county)		(Sto	te)
REMOVAL (Specifical	" 12/22/	58	Rest Haven	Cemetery	Hag	erstown			Md.	
23. FUNERAL DIRECTO			ADDRESS		REC'D BY REGIS		ISTRAR'S SI	0		
Rest Haven	Funeral Ch	apel	Inc. Hagersto	wn, Md. DATE	DEC 2 4	.28	billing.	4. Tu	DIAR.	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained, the haspital or attending physician.

TO FUNERAL DIRACOR: After this certificate has been signed by the attending physician and campletely filled in by the Aneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/S5

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	1. PLACE OF o. COUNT	V	SHINGTON		м	ARYLAND	o. STATE	MARYL		d lived. If institution b. COUNTY			re admiss	ion)
	b. CITY O	ERST	outside corporate lim orest town)	iits, write	C. LENGTH OF ST	TAY IN 16	c. CITY O	HAGEI		orate limits, write R	URAL end	give nec	orest fowr	1)
81	d. NAME OR IN: WAS	OF HOSPIT	AL (If not in hospitol, ON COUNT		oddress) SPITAL		d. STREET	ADDRESS LINDI	EN AV	Æ.				IDENCE FARM?
	3. NAME OF DECEASES (Type or p		RALPH	rst	ATHERTO		McCU		4. DATE OF DEATH	DECLER	BER		5	Year 19 58
	5. SEX MALE		6. COLOR OR RACE WHITE	7. MARE		RCED	8. DATE OF BI	1 8 91		9, AGE (In years lost birthday) 67 yrs.	Months	Days	Hours	R 24 HRS, Min.
	100. USUAL during r REA	ost of work	N (Give kind of work ing life even if retires	done 10b.		S OR INDI		ARYLA		ountry)	12. CI		F WHAT	COUNTRY
,	13. FATHER'S		HOMPSON N	1cCUN	Œ			RYNEL:		ETH ATHE				
I)	15. WAS DEC	EASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY		MR. RA	LPH A	. McC	CUNE JR.	ress H/		STO	WN
	16		TH [Enter only one of the WAS CAUSED BY: IMMEDIATE CAUSE (COUNTY OF THE TOTAL OF TH	Ad me		noma c	of the 1	ung wi	th ger	neralized		ONS	ERVAL BE SET AND 2 Mo	DEATH
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	O (IF EITH	R, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
		OF INJUR ur o.m. p.m.	Y Month, Day, Ye	While at wor	NJURY OCCURRED Not while t ot work	20e. P	LACE OF INJURY octory, street, off	f (Mome, farm ice bldg., etc.	, 20f. (Cit)	y ar town)	((County)		(State)
1	21. I dolive do actual signation physiciname (IRE SE	ot I attended the 12/15/ Dr. Georg	19_	58, ond the		M.D.	1:10 136 W.	M, from	n the couses of treet, city or town, ington St Maryland	reet		te stote	
	EWE	IAL	N, 226. DATE THERE 12/1		22c. NAME OF C	EMETERY O				TION (City, town, GERSTOWN	,,		(Stot	e)
0	23. FUNERAL	DIRECTOR'	S SIGNATURE	tra	ADDRESS ADDRESS	Jang 2	Trid	240. REC'I	BY REGIST		STRAR'S SI	GNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours may be related to the hospital or attending physician.

death. Page 4

ESSES CERTIFICATE OF DEATH

12/15/ 58 12/15/ 58 12/15/ 58 1:10 P

MARKE THE

Lunuad 156 W. Washington Street

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14289 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND NASHINGTON NASHIN GTAN b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) AC-ERSTONYN BROWNSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS WASHINGTON COUNTY MALN STRE NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) ECEMBER -13 9. AGE (In years last birthday) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months DIVORCED T WIDOWED T 100/ USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FOR A TOLAY COLUMBIA CUSTODIAN 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME NIGH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO house stouroulo neghoitis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Effer nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m Not while of work of work 1950 10 21. I certify that I attended the deceased fram. _, and that death accurred at 9.15 P.M. from the causes and an the date stated above alive on

John H. Hornbaker, M.D.

. IS RESIDENCE ON A FARM? YES NO DE

19 58

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO P (Stote) (County) 12113, 1918, that I last saw the deceased DATE SIGNED 154 West Washington Street Hagerstown, Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cithur & KrossA

10 VS A1S (4)

FUNER 3

poge

HOSPITAL

pr shauld

ACTUAL

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

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			Name of the last o	
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	date inplument			
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14291 CERTIFICATE OF DEATH

Reg. Dist. No.

		V 0 1				3					
1. PLACE OF DEATH o. COUNTY a shington		MARYLAN	O STATE		117 b. COUNTY	Residence before admission)					
b. CITY OR TOWN (If outside RURAL and give nearest tow	n)	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If no or INSTITUTION	I in hospital, give stree	et oddress)	d. STREET	d. STREET ADDRESS Woburn Manor Rest Home on A FA YES FI							
3. NAME OF DECEASED	First	Middle OMER	MERTZ	4. DATE OF DEATH	Decembe						
		RRIED NEVER MARRIED DIVORCED	7 20		9. AGE (In years left lost birthdoy) yrs.	Onths Days Hours Min.					
10a. USUAL OCCUPATION (Give during most of working life,	even if retired)	b. KIND OF BUSINESS OR IN Retired		CACE (Stote or foreign of erstown)		12. CITIZEN OF WHAT COUNTR					
13. FATHER'S NAME				MAIDEN NAME	assawla mas orla						
Daniel Me		6. SOCIAL SECURITY NO. 11	7. INFORMANT	Ey Ann B	Address	•					
(Yes. pg. or unknown) (If yes, give	war or dates of service)		Mrs Susa	n Stone	223 Ross						
PART I. DEATH WAS IMMEDIATE AND IMMEDIATE AN	CAUSED BY: IATE CAUSE (o) DUE TO (b) OUE TO (c)	line for (o). (b). and (c).] Cerebral General	Thro	anteni	is	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH					
PART II. OTHER SIGN PART III. OTHER SIGN 200. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	IIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEA	se condition given	19. WAS AUTOPSY PERFORMED? YES NO					
200. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in Port I ar Pa	rt II of item 18.)						
20c. TIME OF INJURY Mont Hour o. m. p. m.	Wh		PLACE OF INJURY factory, street, office		y or tawn)	(Caunty) (State					
21. I certify that I at alive on	itended the dece		7 , 19.5 & ath occurred at	210 PM, fro ADDRESS (that I last saw the deceased on the date stoted about the date stoted about the date stoted about the date of the date stoted about the date of the da					
NAME (Type) / OD	DATE THEREOF	22c. NAME OF CEMETER	CY OR CREMATORY	a yen	ATION (City, town, or	caunty) (State)					
Burial 12	3/9/58	37	emetery	.1	leburg Wa	sh. Co Md					
23. FUNERAL DIRECTOR'S SIGNA Andrew K.		ADDRESS Hagerstown	Md.	DATE 27 SEGIS		RAR'S SIGNATURE S. Kraus					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR SHEET THIS certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after aposit.

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VS A15 (4) 15M 9/55

A PORT CERTIFICATE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11220

CEPTIFICATE OF DEATH

18000	CERTIFICA	ALE OF BEATH	Reg. Dist.	No.
1, PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If institutions Residence	before admission)
NASHIN GTCN	MARYLAND	O. STATE NIARYLAND	b. COUNTY	C-TO AL
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	e corporate limits, write RURAL and giv	
RURAL and give nearest lown)	Cin Oans	X CORRET		
d. NAME OF HOSPITAL (If not in hospital, give street of	SIX DAVS	A C-ARRET	13 1111-7	e. IS RESIDENCE
OR INSTITUTION		1	- has 8 1	ON A FARM? YES NO IX
	ME	KNOXVILL	= MD:ISIT	
3. NAME OF First DECEASED	Middle		DATE Month	Day Year
(Type or print) COSA	BELL	MILLE	DEATH DECEMBER	
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWE	DIVORCED [MARCH-27-18	81 77 yrs.	dys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fo	oreign country 12. CITIZ	EN OF WHAT COUNTRY
	VN HOME	BRAWAISVIL	LE WASH.CO. MI	n 11.5.A.
13. FATHER'S NAME	ALA LEGINAL	14. MOTHER'S MAIDEN NAME		VEO:
Salaman Hara	. ~ .			a_m)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 117	INFORMANT	ETH LAUBL Address	_ =
(Yes, no. or unknown) (If yes, give wor or dates of service)	640	3. 6		
	ONE IM	12 DIFFE PA	APOLE GAPLANI	
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), ond (c).]	1. 1- 1		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	neralizad	anusoder	ores -	Stylo
450.0 DUE TO				
Conditions, if any, which) (b)				-
gove rise to immediate (Winds and the			
Luis cours last				
(10)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART I	I(a) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
TO ACCIDENT WAS UNDERLYING ED TOOL DECK	BIDE HOW INDIRA OCCURRE	D (E-1	Los Post II of item 18 \	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC	KIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	or roll if or field 15.5	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a.m. 19 While of work		ACE OF INJURY (Home, form, 2) clory, street, office bldg., etc.)	Of. (City or town) (Co	unty) (State)
p. m. 19 of work	ITOI WIIIE			
21. I certify that I attended the decease	od from Mov 12 5	1958 to 12	e 6 19 8 that I la	st saw the deceased
glive on Dec 6 19	C	accurred at & P. M	I, from the causes and on the	
dive on A	, dia mai dean		RESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIMILARIA	lina	Bin	- /2	12/6/6
SIGNATURE CALL ICE	WV	M.D	252000	
PHYSICIAN'S ()	2 04		Md	
NAME (Type) (5 - W CAC VC				
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d	. LOCATION (City, town, or county)	(Stote)
BURIAL DEC.9.1958	PLEASANT V	LEWI CEMETE	W BURKETTS	AILLE IND
23. FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS	240. REC'D BY	REGISTRAR 246. REGISTRAR'S SIGN	NATURE
July D. Rash 19	Doorlastono	O DATE EC 1	1 '58 Curling S. 10	race

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained or attending physician.

TO FUNERAL DIR. OR: After this certificate has been signed by the attending physician and completely filled in by formeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 bours after death.

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VS A15 (4) 15M 9/S5

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	grand Area				
Shept all all all to the control of					
					ALL LIMITED
		6.80			

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14337 CERTIFICATE OF DEATH

Reg. Dist. No.

14298

1.	1. PLACE OF DEATH o. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. 11 institution: Residence before admission) o. STATE Maryland b. COUNTY Washington							
	b. CITY OR TOWN (IF RURAL ond give new Williamsp	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XWilliamsport Md. RFD #1												
	d. NAME OF HOSPITA OR INSTITUTION DOWNSVIL	AL (If not in hospitol, g	ive street	oddress)		d. STRE	et address Downsv			77	0	RESIDENCE N A FARM?		
3.	3. NAME OF First Middle DECEASED						Lost	4. DATE	Mar		Day	Year		
-	(Type or print)	Greg		Lyn			ller	DEATH	Dec.		24	1958		
3.		6. COLOR OR RACE		RIED NEVER MARR	-	B. DATE OF	BIRTH		9. AGE (In years lost birthday)		Pays Ho	NDER 24 HRS.		
-	Male	White	WIDOW	the same of the sa		July	15 19	57 1	yrs.	5 8	8,			
10	during most of working None	N (Give kind of work on the life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	7.7	THPLACE (SION			12. CITIZ	U.S.	A COUNTRY?		
13	. FATHER'S NAME						ER'S MAIDEN		•					
L		en Miller					ouisa	Ple	me					
	. WAS DECEASED EVER	IN U. S. ARMED FOR t yes, give war or dates of so NO		None/	0. 17. 1	HE W	rreh	A11e	DOM	ress 1SV111	70.	la RFD1		
7	Conditions, if on gave rise to in couse (a), stoting the lying cause lost.	he under DUE TO)	QANIA	4	(Sep	AL CEX				-	Jest		
CERTIFICATION	20a. ACCIDENT WAS	ER SIGNIFICANT CON		CRIBE HOW INJURY O						VEN IN PART	PE	AS AUTOPSY REORMED?		
		MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of worl	NJURY OCCURRED Not while of work	foo	tory street, o	RY (Hame, tari office bldg., et	m, 20f. (City	or town)	(Co	ounty)	(Stote)		
	21. I certify the alive an	as I attended the	decession 19_	ed fram. 2	death	accurred	12.30) illi		the causes of the course of the courses of the courses of the course of	and an the		he deceased ated above pare stories		
22	o. BURIAL, CREMATION REMOVAL (Specify) Buria,	Ded 20	5-58	22c. NAME OF CEM		cremator		22d. (OCAT)	ION (City, lown,		ryla	Stote) and		
23	Elbert C	SIGNATURE 2	Vei	Heamon	tree	me	24a. REC DATE	DEC 2 0		STRAR'S SIGN	NATURE			

FOR STATE

HEALTH DEPT Poge Poge of Health,



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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessexecute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far you funeral DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriol, cremation, or remayol, and in any everytiming 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 18 14292 Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg

	1	4	3	G	()	
Dist.						

	PLACE OF DEATH B. COUNTY	Washingt	on	MARYLA	- 11	o. STATE Mary	Where deceo	sed lived. If institu b. COUNT			ngton
	ond give nearest town	c. LENGTH OF STAY IN 25 yra	1ь	c. CITY OR TOWN (III	l outside cor rstown		RURAL onc	give n	eorest town)		
Ľ	d. NAME OF HOSPITA	d. STREET ADDRESS / 225 S. Po	otomac	Street	Little		o. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print)		ver	Middle Wilke		Mowen	4. DATE OF DEATH	Month Dec		Doy	Yeor 19 58
L	Male	White	WIDOWE			May 5,1908		9. AGE (In years last birthday) 50 yrs.	IF UNDER Months	1YEAR Days	Hours Min.
100	usual occupation during most of working Retired C	g life, even if refired)		KIND OF BUSINESS OR IND ypewriter Age			or foreign erstov		12. CITI	ZEN OI	USA
13.	FATHER'S NAME	Clarence M	lowen		1	MARY Alic		er			
15.		ER IN U. S. ARMED FO (If yes, give war or dotes of NO	American)	12-14-6543		s. Eva Hoel	le-lle	W. Antigerstown,	etam :	Stre	et
	PART I. DEAT	liote couse		Widetern		A/Yet Acut		oholic na	arcos	ONSE	IVAL BETWEEN IT AND DEATH
CERTIFICATION		None		ONTRIBUTING TO DEATH B					EN IN PART		P. WAS AUTOPSY PERFORMED? TES NO
	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS STRIBUTING (1)	6. DESCRIE	none). (Ente	r noture of injury in Por	t Lor Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour e.m. p. m.	none 19	White of w	e Not while ork of work	n n	OF INJURY (Home, form street, office bldg., etc. ON®	-)	y or lown)	(Cou	nty)	(Stote)
				remains described a			y []. I Hamicide	nspection X,	Inquir rmined n	, L	
	ACTUAL SIGNATURE	. Pole	it	well.	7_ A	S.D. CHIEF MEDICAL E)					DATE SIGNED
	EXAMINER'S NAME (Type)	S. R	obert	Wells, M.D.		ASSISTANT MEDICAL				12-2	27-58
L	Burial CREMATIO REMOVAL (Specify) Burial FUNERAL DIRECTOR	12-29-		ROBO HILL ADDRESS		etery 240. REC'	Ha BY REGIST		Wash	NATUR	E
U	in hor	ment,	1/ccg	crulery.	11	DATE	3 0 '5	CIAL	AUT 2 7	CAULA!	•

HTATO TO STADBITHED 2 SHIMMAKE IADJUSTA THEO HISARIES The Cartiff and Section 1985 IN THE RESERVE THE PERSON Hamming the state of the state

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hospital YES NO NAME OF Yeor DECEASED 1958 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stanley Keller Jean Mover 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or u None Roy K. Harbaugh 451 Antietam Dr. Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01/19, WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m Not while at work at wark 21. I certify that I attended the deceased from athat I last saw the deceased and that death occurred at_____M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Potoma cSt SIGNATURE PHYSICIAN'S Dove Hagerstown, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 12/30/58 Rest Haven Cemetery Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arthur S. Thaces Rest Haven Funeral Chapel Inc. Hagerstown, Md.

TO FUNERAL VS A15 (4) 15M 9/55

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14294 **CERTIFICATE OF DEATH**

14302

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	o. STATE	(Where deceosed li aryland	ved. If institution b. COUNTY		ashin	
RURAL and give negrest town)	of STAY IN 16	c. CITY OR TOWN	(If outside corpored gerstow		URAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital		d. STREET ADDRESS e. IS RESION A YES					
3. NAME OF First DECEASED (Type or print) Morris Guy Mye	Middle PS	Lost	4. DATE OF DEATH	Decem		00	reor 9 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE Male White WIDOWED	ER MARRIED 8. DIVORCED 8	Sept. 2	6, 1893	AGE (In years lost by the by yes.	Months Da		R 24 HRS. Min,
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Stickel		RY 11. BIRTHPLACE (SI Mary	7 7	ntry)		N OF WHAT	
13. FATHER'S NAME Charles Myers		14. MOTHER'S MAIDE		11			
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	49	ORMANT	nces Be	Addr		rstow	n RD
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	ond (c).]	Celu lists &	sin seart 3	Finan		INTERVAL BE ONSET AND 5 2m	DEATH
Couse (o), stoting the under. Solution Course Cour	IG TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE (CONDITION GIV	EN IN PART 1(PERFO	AUTOPSY RMED?
	NJURY OCCURRED.	(Enter noture of injury	in Port I or Port II	of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU Hour o. m. p. m. 19 While Not wh of work of work	ile foctor	E OF INJURY (Home, 1 ry, street, office bldg.,		r town)	(Cou	nty)	(Stote)
ACTUAL SIGNATURE SO SW Delle	nd that death of the toler	occurred at	M, fram	the causes a ct city or town,	nd an the	date state	
220. BURIAL, CREMATION, 22b. DATE THEREOF Reas	Haven C			on (City, town, or rstown		(Stote	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE Raymond E. Creager Thurm			DEG 2 9 '5	R 24b. REGIS	strar's sign	ATURE	

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

										Keg. Dia.	1101
	PLACE OF DEATH	alai a ort or				2. USUAL R			ed lived. If Institu		and the same of th
-		shington		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MARYLAND		Lerr'y			Masur	ngton
1	and give nearest town)	outside corporate limits, write		c. LENGTH OF		11/			orote limits, write	KURAL and give	nearest town)
		wn Md. RI		0	r.			vn Ild.	. RFD		
, ,	d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street	oddress)	d. STREET	T ADDRESS				o. IS RESIDENCE ON A FARM?
	Western	Pike - R#2	Hap	erstown,	Md	Wes	tern	Pike	- R # 2	Hagersto	W YES NO
3.	NAME OF DECEASED	Fin	st t	Mic	ddle	L	ost	4. DATE	Mont	h Di	ay Year
	(Type or print)	William	m	Richa	rd	Nalle	ey	DEATH	Dec	. 16	1958
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER N	ARRIED 8	DATE OF BIR	TH		9. AGE (In years fast birthday)		AR IF UNDER 24 HRS.
	Male	White	WIDOW	DIVO	RCED [Tov. 2	23 190	00	58 yrs.	Months Days	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.		SS OR INDUST			or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
	during most of working Barber	g life, even if refired)	Ro	Owner		Ma	rvlar	nd		TT	S.A
-	FATHER'S NAME			rbersh	ob		'S MAIDEN I			1 0.	D.R.
	Noah l	Walley					-		et Lewi:	0	
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURIT	Y NO. 17. I	NFORMANT	4 40	IT ROLL 6	Address		-
(Yes	s, no, er unknown)	Ilf yes, give war or dates of	service)		2.0		ward	Russe		erstown	h IId
	NO	H [Enter only and cau	The second second	6 (-) (1)		D. Jak	Mara	244000	someth TTSP 15		ITERVAL BETWEEN
		H WAS CAUSED 8Y	se per line						- 0	O	NSET AND DEATH
	O Francisco	IMMEDIATE CAUSE (0)	-	Gun sho	ot thru	skull	with	avulsi	on of		1000
	7/6X	DUE TO		sku:	ll and	brain :	tissue				
	Conditions, if on										
	gave rise to immed (a), stating the u									711	
	couse lost.) (c)									
Z	PART II. OTH	ER SIGNIFICANT CON	_	ONTRIBUTING TO	DEATH BUT	OT RELATED T	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3	0.000	none	•								YES NO
CERTIFICATION	20g. EXTERNAL CAU PRIMARY A) or CON CAUSE OF DEATH.	SE WAS		BE HOW INJURY					of ilem 18.)		
	CAUSE OF DEATH.	II OFFICE	Sho	t self w	ith 20	gauge	shot g	un			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURR	ED 20e. PLA	CE OF INJURY	(Home, form	n, 20f. (City	or town)	(County)	(State)
AED	aboutm.	Dec. 16 195	8 While	le Not while ork ot work	tact	bry, street, offi home		1 R#	Hager	stown	Wash Md
-		ot I took chorge									, and find that
		from: Noturol	_		_						, ond find that
	degiii resoried	0 -	O .		,, 301	crue [X],	nomiciae	: Ш, Ог	idesermined (duse [].	
	ACTUAL	Y. Tot	7	heo	Das	CIME	EBICIL E				DATE SIGNED
	SIGNATURE	11. (000	4	,,,		_ M.D.	MEDICAL EX				
	EXAMINER'S NAME (Type)	S. Robert	Well	s, M.D.				AL EXAMINEI EXAMINER	_	12-	16-58
220	BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF	CEMETERY OR	CREMATORY	HUHE.	22d. LOCAT	TON (City, town,	or county)	(Stote)
E	Burial Specify)	Dec. 20.	-58	Riverv	riew C	emeter	ry	Will	iamspor	t Md.	
23.	EUNERAL DIRECTOR'S	SIGNATURE-	7185	ADDRESS		no		D BY REGISTI		STRAR'S SIGNAT	TURE
1	Westa	.xeof	Ull	leoms	reson	me	DAREC	1 9 '58	artin	wa S. Krou	LA.

ALAYLAND STATE DE PARTA SUT OF REALTH ANDIAN OR DEATH OF DEATH OF DEATH

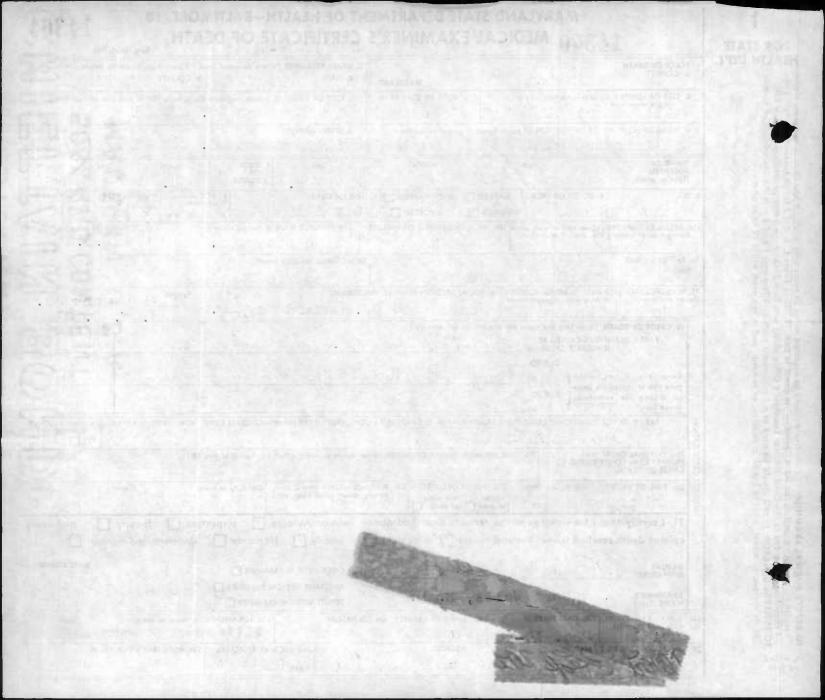
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1, PLA o. C	CE OF DEATH	ashington			MAI	RYLAND		Hary:			If institut	10 10		ngton
	and nive percent town	outside corporate limits, write	1	10-	5 Mont			r town (III					give n	eorest town)
14.00		or institution (ive street oddr	ess)		ADDRESS [ams]	port	hd.	RFD	#1		e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF CEASED De or print)	Howa r			Middle Rav		lave Nave	Agen	4. DATE OF DEATH]	Month		Doy 12	Yeor 1958
5. SEX	lale	6. COLOR OR RACE White	77000				DATE OF BIRT	Н	8	9. AGE lost birt	In years			IF UNDER 24 HRS. Hours Min.
10a. U: durin	SUAL OCCUPATION Most of working None	ON (Give kind of work of life, even if retired)	done 10	b. KIND O	F BUSINESS OF	R INDUST	Hag	erst	or foreign OWN I	country)		12. CITI		F WHAT COUNTRY?
13. FA	THER'S NAME	T. 7 .	7.1				14. MOTHER"	S MAIDEN N	NAME				700	22 -
15 W		Howard Ra ER IN U. S. ARMED FO	V		SECTIONAL PIC	112 11		sali						
(Yes, no.	No.	(If yes, give war or dates of	service	Non	е		r. Hov	ard		ve, S:	L.Mgi-ri	liam R F	spo	et Md.
80	754.5 onditions, if or over ise to immed a), stoting the course lost.	underlying DUE TO	Ces	ingo	uital	Voce	ho pr	L Re	rait	desi				
CERTIFICATION	191x 2	Margale		To	decy							EN IN PART		P. WAS AUTOPSY PERFORMED? YES NO D
CERTIF	O. EXTERNAL CAL IMARY OF CON NUSE OF DEATH.	SE WAS 20		RIBE HOW	INJURY OCCU	JRRED. (E	nter nature of i	injury in Part	l or Port II	of item 1	8.)			
MEDIC	Hour o. m. p. m.	Month, Doy, Yes	W	hile work	Not while of work	facto	E OF INJURY ry, street, offic	e bldg., etc.)			(Cou		(State)
		at 1 taak charge resulted fram: 1			100			de [], I					. Property	
	CTUAL SONATURE	Polier	1)	ull	es !		M.D. CHIEF	MEDICAL EX	AMINER []				DATE SIGNED
E) N	KAMINER'S S	Robert	No.	18,	D.	26.20m		ANT MEDICAL I			D	e,	/ 3	1958
220. BL	IRIAL, CREMATIO	DATE HEREO	± = 58		AME OF CEME		CREMATORY emeter	V	22d. LOCA				ryl	(Stote)
23. 114	WENT O	S SIGNATURE	10e	eli-	DORESS	di	Mil	240. REC'I	BY REGIST	-	4b. REGIST	Thun S.	1 -	



14305

14341 CEI

CERTIFICATE OF DEATH

Reg. Dist. No.

-													_
1.	PLACE OF DEATH	hington		MAR	YLAND	2. USUAL o. STA	RESIDENCE (WHITE Mary)		lived. If institu b. COUNT	Wash	ingt	odmission)	
-		f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16	c. CIT	OR TOWN (If a	autside corpo	rate limits, write				
	Williamso		FD 2	10 yr	S.	X Wi	lliamsr	port	Md. RFI	#2			
F	d. NAME OF HOSPIT	AL (If not in haspitol, g	ive street	oddress)		d. STR	EET ADDRESS				0.	IS RESIDEN	ICE M?
L		port Md	RFD	#2		W	illiams	sport	Ma RFI) #2		YES NO	
3.	DECEASED	Fig		Midd	000		Last	4. DATE	Mo	inth	Day	Yeor	
L		lrs. Aman	la	Rebbec	a b	offe	nberger	OF DEATH	Dec.		3	19	
	SEX	6. COLOR OR RACE		RIED NEVER MARE		8. DATE OF	BIRTH		9. AGE (In years last birthday)			Hours A	HRS.
I	Female	White	WIDOW		_	June		75	83 yrs	15	7		
19	o. USUAL OCCUPATION	ON (Give kind of work ing life, even if retired	done 10b.		OR INDU				ountry)			WHAT CO	JNTRY?
-		е		Home			lliams		Md.		USA		
13	B. FATHER'S NAME	^ -				14. MOT	HER'S MAIDEN N	NAME					
L		nry Ardin					Jatheri	ine !	Long			-	
15	S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dotes of s	ervice)	95. 507		NFORMANT				dress	RF	11 2	
=	No	TH [Enter only one co		None		s. J.	oseph F	loffme	an Will	iams	port	Na	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ny, which mediate)	Cerel		Z No	rseule	an (Pecio	lent	ONSE	TAND DEA	THI LINE
CATION	PART II. OTH	IER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE	CONDITION G	VEN IN PAR	T 1(a) 19.	WAS AUTO	DPSY D?
FICA	20 4551551511		DOL DEC	COLOR (1011)	1	2000	بع)	res NO	
CERTIFI		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter na	ure at injury in 1	Part I ar Part	II at item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Not while at work	20e. PL fa	ACE OF INJ clary, street,	URY (Home, farm affice bldg., etc	n, 20f. (City :.)	or tawn)	(0	Caunty)	(1	State)
	21. I certify the	at attended the	deceas				5810 1 017:004		3 , 1951 the causes				
	ACTUAL SIGNATURE	mr	34	what		M.D			Po to		2		SIGNED
	PHYSICIAN'S NAME (Type)	Dr. Max E.	Byrk	it, M.D.			28 W. P	otanac	2				
27	Burial, CREMATIO Burial (Specify)	Dec. 6-	20 1	Rivervi		cremato Cemet			ION (City, tawn,		[ary]	(State) Land	
23	PONERAL DIRECTOR	S SIGNATURE /	Wil	Warney 2	アカッ	mel	24a. REC'	D BY REGIST		ISTRAR'S SIC			
					-/-								

eral director, be filed with death. Page & may be retained to the haspital or attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by the attending physician and completely filled in by the magnet of should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

The second secon reference at the big many to seek the first of the basis of the best best and the best of the best best by NO. THE STATE OF T 1/205 CEPTIFICATE OF DEATH

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arthur S. Frank

	よなん.	J CERTIFICA	AL OF BLATT	Re	eg. Dist. No.
	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where do no. STATE MARYLA)	deceased lived. If institution to ND b. COUNTY W	Residence before admission) ASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give named town) HAVERSTOWN	35 YRS.	c. CITY OR TOWN (If outside HAGERST(e corporote limits, write RURA OWN	(L and give nearest fown)
1	d. NAME OF HOSPITAL (If not in hospital, give stre NASHSTINGTON COUNTY HO	et oddress) SPITAL	d. STREET ADDRESS / 1137 OAK H	ILL AVE.	e. IS RESIDENCE ON A FARM? YES NO [2]
3.	NAME OF DECEASED (Type or print) CARROLL	ROBERT	POFFENBERGE	DECE	MBER Day 30 Year 5
	MALE WHITE WIDO	WED DIVORCED	B. DATE OF BIRTH 3/27/1898	last birthday) Me	UNDER 1 YEAR IF UNDER 24 HPS onths Doys Hours Min.
100	u. USUAL OCCUPATION (Give kind of work done 1) during mast of working life, even if retired)	Ob. KIND OF BUSINESS OR INDU OWN TIRE STOR		reign country)	12. CITIZEN OF WHAT COUNTR
	JOHN T. POFFENBERO		FANNIE M	cCOY	HAGERSTON
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes) we will or will of service)	16. SOCIAL SECURITY NO. 17. 1 217-32-5115	MRS. LELA R	• POFFENBER	GER MD.
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	· · · · · · · · · · · · · · · · · · ·	thrombosis		INTERVAL BETWEEN
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Bronchie	ctasis		5 years
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION				IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I		
MEDIC	Hour a.m. Wh		ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	f. (City or town)	(County) (State)
	1) 14/2	risous	occurred at 3:30A M, ADDR M.D. 318 N. Poto Hagerstov	, from the causes and RESS (Street, city or town, state omac St.	
	REPOYALTS ACTION, 226. DATE THEREOF 1/1859 FUNERAL DIRECTOR'S SIGNATURE	REST HAVEN	CEM.	LAGIENTE OWN or co	
AJ.	TOTAL DIRECTOR 3 SIGNATURE	MUNESS	24o. REC'D BY	KEGISTKAK Z4b. REGISTRA	AR'S SIGNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIM TOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours, offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL OR VS A15 (4) 15M 9/SS

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4 2 3 . AND REPORT OF THE PARTY. the file of the contract of the second of

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may be retained by the haspital ar attending physician.

O FUNERAL DIREC.

A: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be defached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

may be retained a TO HOSPITAL OR

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

14296 CERTIFICATE OF DEATH

~ 4			Reg. Dis	r, No. 206
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Marvland	h COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate I		
d. NAME OF HOSPITAL (If not in hospital, give str	D.O.A.	d. STREET ADDRESS		ic projection
OR INSTITUTION				e. IS RESIDENCE ON A FARM?
Washington County Ho 3. NAME OF First		57 Wayside Ave.		YES NO
(Type or print) HARRY	Middle KIEFFER	RAMSBURG, SR. DEATH	December	26 19 58
ACCUMULATION OF A CONTRACT OF	ARRIED NEVER MARRIED DIVORCED DIVORCED	October 25, 1878		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Box Manufacture	06. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country Frederick Co. M		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	aryranu U	.U.N.
Albert F. Ramsbu	17000	Mary A. Zinmerm	an	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	214-09-8234 Mr	s. Ruth Mmeller	Hagerstown	, Maryland
18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	aterio se	electo Heart &	Turne	2400
(-)	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port t or Part It of	item 18.)	
Hour o.m. W	d. INJURY OCCURRED 20e. Pl for hile Not while for hork of work	LACE OF INJURY (Home, form, clory, street, office bldg., etc.)	own) (Co	ounty) (State)
21. I certify that I attended the dece alive an Section 19 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type)		accurred at 230 AM, from the ADDRESS (STATE OF A		e date stated above. DATE SUGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. MAME OF CEMETERY C		(City, town, or county)	(State)
Burial 12/29/1958	Rose Hill Ce	metery Hagerst		Maryland
23 FUNERAL DIRECTOR'S SIGNATURE Suter Liburer runeral Hom	Hagerstown,	24a. REC'D BY REGISTRAR Md. DATE DEC 3 1 '58	24b. REGISTRAR'S SIGN	1.0

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and the contract	n suffermeller	-s 5536c-153	nt in
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (V		b. COUNTY		100
	Washington	MARYLAND	1,13,1,	yland			ngton
and give nearest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			RURAL and give r	secrest town)
Hagerst		30 yrs.	X Willia	nspor	t		The presidence
	SPITAL OR INSTITUTION (If not in hor		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	gton County Hos		1 23 Vermon		reet		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	
(Type or print)	Edward	Thomas	Renner	DEATH	Dec.	15	1958
5. SEX	6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	Haurs Min.
Male	White WIDOWE		Feb. 22 188	1	73 yn.	9 22	710010
10a. USUAL OCCUP. during most of wo	ATION (Give kind of work done 10b. I orking life, even if retired)	(IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar fareign co	ountry)	12. CITIZEN O	F WHAT COUNTRY
met'd La	abor Ta	nnery	Sharpsbu	arg Mo	l.	U.S	. A
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
	Jacob Renner		Alice	Bower	rs		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address		
No	No 2	15 01 991BM	r. Willis H	Renner	Willia	amsport	nd RFD
18. CAUSE OF D	DEATH [Enter only one cause per line	for (a), (b), and (c).]				INTE	RVAL BETWEEN ET AND DEATH
PART I. C	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Fractured Sk	ull (Closed	\. M.1	tinle fro		er and death
812X	DUE TO	ribs(clo	sed); Fractui	re fibi	la & Tib	ia	A MARKET
Canditians, if	any, which) (b)	(closed); Hemorrhage	e and	shock		
gave rise to im	mediate cause			7-15-3			
(a), stating the	(c)						
Z PART II.	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(a)	9. WAS AUTOPSY
ATIC	None						PERFORMED?
PART II.	CAUSE WAS 20b. DESCRIBI	HOW INJURY OCCURRED. (I	inter nature of injury in Par	t I ar Part II e	of item 18.)		
PRIMARY A) or CAUSE OF DEA	CAUSE WAS CONTRIBUTING D	estrian who wa	s struck by	automol	bile whil	e crossi	ng street
3 20c. TIME OF IN	JURY Month, Day, Year 20d. I	NJURY OCCURRED 200, PLA	CE OF INJURY (Home, farm	1, 20f. (City	or town)	(Caunty)	(State)
20c. TIME OF IN	m. Dec. 15 19 58 of wo	Not while of fact	ary, street, affice bldg., etc. Street		lliamspor	t. Wash	Md
	that I taak charge of the						
	ed from: Natural causes						, and find tha
dediti result			cide [], Hamicide	<u>,</u> Un	determined co	use [].	
ACTUAL	S. Robert W	000	C. 11.00 . 1.00 . 0 . 1				DATE SIGNED
SIGNATURE) () truck		_M.D. CHIEF MEDICAL EX		_		
EXAMINER'S NAME (Type)	S. Robert	Wells, M.D.	DEPUTY MEDICAL			12-16-	-58
220. BURIAL, CREMA	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, or	county)	(State)
REMOVAL (Spec	Dec. 18-58	Greenlawn (Cemeterv	Wills	lausport	- Fid	
23. EUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		D BY REGISTI		RAR'S SIGNATU	RE
MUCERI	X Deaf Wi	ceconsporty	DATEPUE	c 1 9 '5	8 0.5	bus & that	i.e.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificaty writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. The 4 should be forwarded to the high Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the registrar prior to burial, aremation.

ary, please exerge 4 should be

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VS. A15ME(S) 5M 9/55

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VS A1S (4) 15M 9/55 M

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

4	7.6	00	Õ	CER1	IFIC	ΔTF	OF	DEA	TH
2	64 /		75	95171			•		

Rog. Dist. No.14309

1. PLACE OF DEATH o. COUNTY Washing	4	MARYLAND	o. STATE	DENCE (Where decear	b. COUNTY	on Residence be			
b. CITY OR TOWN I	f outside corporate limits, write	c. LENGTH OF STAY IN 16	1	TOWN (If autside car		the state of the s			
RURAL ond give ne		14 Hr.	X Hagerstown, #2						
d. NAME OF HOSPIT	AL (If not in hospital, give stree		d. STREET				e. IS RESIDENCE		
Washingto		tal	Nur	sery Ros	d		YES NO TE		
3. NAME OF	First	Middle	Lo	4, DATE	Mon	at e			
DECEASED (Type or print)	William		icketts	OF		-	Day Year .6 1958		
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRT				R IF UNDER 24 HRS.		
Male	White wipow	V	Nov. 29		9, AGE (In years last birthday) 60 yrs,		Hours Min.		
10a. USUAL OCCUPATIO	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?		
9 9	orer		Was	shington,	D.C.		U.S.A.		
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME					
Char	les Edward R.	icketts		Joseph	ine Lewi	ls			
	R IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	NFORMANT	-	Add				
(Yes, no, or unknown)	(If yes, give wor or dates of service)	17-09-9821A	Mrs Ro	salie C	line 7	719 Va.	Ave.		
	TH [Enter only one cause per I		1	1 Showed a) IIN	TERVAL BETWEEN		
	TH WAS CAUSED BY:	(armel	Myrca	rolling &	Card	lac or	SET AND DEATH		
Dulx	IMMEDIATE CAUSE (o)		//				1/1/10		
2411	DUE TO	Ta. Cuio				3-3-1	1 0,		
Conditions, if or	mme di ote	7 000000							
couse (o), stoting		Oly made	(12	Muie			(1)41		
lying cause last.) (c)		, 00						
PART II. OIF	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(0)	PERFORMEO?		
5		1100e					YES NO		
PART II. OTH	S UNDERLYING (1) 206. DE (1) CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature o	of injury in Port I ar P	ort II of item 18.)				
3 20c. TIME OF INJUR	Y Manth, Doy, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY	Home, form, 20f. (C	ity or town)	(County	(Stote)		
20c. TIME OF INJUR Hour o. m. p. m.	19 While	Not while fo	ctory, street, offic	e bldg., etc.)					
	at 1 attended the decea	7	. 19.5	7 / 2	C/6105	Value I Inst	and the distance of		
1	di i dirended me deced	1		10			saw the deceased		
alive an	-handlestanden of allen 1944	and that death	occurred at		am the causes of (Street, city on town,		ate stated above. DATE SIGNED		
ACTUAL SIGNATURE	02770	eachly	M.D	Hora	notin	11.	Q. 16/6/		
PHYSICIAN'S NAME (Type)	THIB	each	24	0		1	10		
220. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY C			ATION (City, town,		(Stote)		
23. FUNERAL DIRECTOR	173/19/58 S SIGNATURE	ADDRESS	God Cer		Broadfo		NIO.		
4				240. REC'D BY REG		STRAR'S SIGNATI			
THOTEM V	. Coffman H	lagerstown, l	d.	PAREC 2 2 '58	Gartha	of & Frank	1		

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director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write Pro c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and alve negrest town) pe RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Spruce Wa sh county Hospital 2 NAME OF First Middle 4. DATE Last DECEASED OF DEATH nec (Type or print) ALLISON RIDGLEY-POPE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) death. duting most of working life, even if retired) Own Home McKinney Franklin Housewile puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter physician Tarner Augustus hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT None No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] gerstown PART I. DEATH WAS CAUSED BY: MUNI IMMEDIATE CAUSE (o) DUE TO þ ony Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram.____ ... 19that I last saw the deceased ___, and that death accurred at 12.33 MM, from the causes and an the date stated above ADDRESS (Street, city or town, state) 0 RAL DIRE ACTUAL prior shauld PHYSICIAN'S NAME (Type) FUNERAL Howard Weeks. Hagerstown 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Rose 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEC Coffman Hagerstown

Reg. Dist. No.

. IS RESIDENCE ON A FARM?

Month

Address

8 1958

Months

YES NO IN

Yeor

19

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO NO

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

VS A15 (4) 15M 9/55

death

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMDER, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14300

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Wash. Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 28 years Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 254 S. Potomac St. ON A FARM? 254 S. Potomac St., YES NOAF 3. NAME OF First Middle 4. DATE DECEASED 1958 Walter W Ritter (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost highday) Months Days March 26, 1874 male white WIDOWED A DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Winchester. Va. Henry Bester gardener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Carper William Ritter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hagerstown, Md. 220-10-3122A B. Page Ritter no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerosis, cerebral and vears IMMEDIATE CAUSE (o) generalized DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day. 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while of work of work 21. I certify that I attended the deceased from Dec. 1, 1958, ta Dec. 1, 1958, that I last saw the deceased alive on approx. June., 1958..., and that death accurred at 5:00A.M., from the causes and on the date stated above.

EST ADDRESS (Street, city or town, state)

DATE SIGNED ACTUAL M.D. 100 Professsional Arts Bldg. 12/2/58 NAME (Type) William T. Layman. M.D. Maryland Hagerstown 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2-4-58 Winchester Mt. Hebron hurial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Hagerstown, Md. arthur S. Frank Fred W. Kraiss

DATEDEC

water productions and a special control of The state of the s or introduced and have been a LESSY LIGHTLY and GOLDEN more of 14301 CERTIFICATE OF DEATH

14312

					1200	T CEKII	IICA	IL OI DLA	VIII		Reg. Dist.	No.
	1.	LACE OF DEATH	neten			MARY	H	o. STATE Marvlar		lived. If institut b. COUNT		efore admission)
		CITY OR TOWN	N (If outside co		write c.	LENGTH OF STAY	IN 1b	.c. CITY OR TOWN	(If outside corpor	ote limits, write	RURAL and give	nearest fown)
	L	Hagers	tewn.	Md.		26 yrs			own Mar	yland		
00		OR INSTITUTION	SPITAL (If not in the Spiral S			tended		d. STREET ADDRE	ss Street	Exter	nded	IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO
	3.	NAME OF		First		Middle		Last	4. DATE	Мо		Day Year
		Type or print)	Geor	ria		Anna		Robinson	DEATH	12		14 19 58
П	5.	EX	6. COLO	OR RACE 7	MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24 HRS.
	1	Temale	Colo	13.0	VIDOWED [1899	59 yrs		
	10a	during most of	ATION (Give ki	nd of work doi	ne 10b. KINI	O OF BUSINESS O	R INDUSTR	11. BIRTHPLACE	State or foreign co	untry)	12. CITIZE	N OF WHAT COUNTR
		omestic			Own	home			ng Gree	en Kyr.	US	A.
	13.	FATHER'S NAME					-	14. MOTHER'S MAIL	DEN NAME			
	L		n West						la Gride			
		WAS DECEASED		ARMED FORCE or or dates of servi		IAL SECURITY NO.	. 17. INF	ORMANT			dre:579	
	L				ne	ne	Er	skin M.	Robins	on 8/6	Keppe	rs Co.
	Г				e per line fo	r (0)(b). ond (c).]	6 0			1	NTERVAL BETWEEN
		. 6	DEATH WAS C	AUSED BY: TE CAUSE (0)_		Ceron	ery	Occlu				munedente
		480.1		DUE TO		artsu	Dele	ette ltea	of Arse	12-E		640
		Conditions, i) (b)_		Hubst	ena	4.70				8 uco
		gove rise to couse (o), stati lying couse to	ng the under-	DUE TO								
0	CATION	PART II.	OTHER SIGNIF		TIONS CON	TRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE	CONDITION G	IVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLY NG CAUSE IFY MEDICAL I	OF DEATH	Ob. DESCRIB	E HOW INJURY O	CCURRED.	(Enter noture of inju	ry in Port I or Port	II of item 18.)		
	MEDICAL	20c. TIME OF IN Hour o. p.	m.	Doy, Year	20d. INJUR While of work	Not while of work /	20e. PLAC focto	E OF INJURY (Home ry, street, office bldg	, farm. 20f. (City -, etc.)	or town)	(Cour	nty) (Stote
		21. I certify	that I atte	nded the d	leceased	fram fully	-10	19 d , to	Siff 1	7 , 1950	that I las	t saw the deceas
		alive an	HUX-	17/11	, 19	, and that	death o	ccurred at 5	M, fran	the causes	and an the	date stated abar
		1		111.0				110011	ADDRESS (SI	reet city or town	stdle)	DATE SIGN
		SIGNATURE	113/ X	Wille	wer	4 -	м.	D. (3700.	wishing	10001:11	1098204	wied 12/1
1		PHYSICIAN'S	11									
		NAME (Type)_	Philip	J. Hin	rshman	, M.D. 1	59 W.	Washingt	on St. H	agerstow	m, Mary	land
	220	BURIAL, CREMA		ATE THEREOF	22	C. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Stote)
	_	Burial	12	-17-19	258 R	ose Hill	l tea	metery	The second secon	TSt OWY		
0	23.	FUNERAL DIRECT	OR'S SIGNATU	RE	an V	ADDRESS	1	and	REC'D BY REGIST		SISTRAR'S SIGNA	
103		ohne	aW (ison	n	yagens	wur	TICOLDAT	FEG 1 8 '58	ant	hur S. Tha	ua

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14313

CERTIFICATE OF DEATH 1/202

1 5 0 0				Reg. Dist. 14	O,
I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institu	ution: Residence bel	are admission)
Washington	MARYLAND	Maryland	Was	ington	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give n	earest tawn)
Hagerstown	Life	Hagerstown	n 03		
d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS	1		e. IS RESIDENCE
Washington County He	agnital	1104 Oak	Hill Avenue		YES NO N
NAME OF First	Middle				
DECEASED	Rudy	Lost	4. DATE MOF DEATH December		Year 19 58
SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday		
Male White WIDOWE	DIVORCED [July 16 - 1	1914 44 7		Hours Min.
o. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar foreign country)	12. CITIZEN	OF WHAT COUNTRY
Owner Printing Shop I	Printing	Hagaret	own Maryland		
FATHER'S NAME	2 241 4 241 2	14. MOTHER'S MAIDEN		4	
C Mom3 Dudge		74774am (Na sell a se		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, I	Lillian S		4.1	
es, no or unknown) [If yes, give wor or dates of service)				Idress	
21	4-09-7226Mr	s. Helen Rue	dy Hagersto	own Mary	rland
18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]			IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	sive cerebra	1 hemorrha	Ø e	ON	SET AND DEATH
443X DUE TO	of Ac octobio	T HOMOTTHA	50		12 112 00
Conditions, if ony, which gove rise to immediate	<u>ertensive ca</u>	rdiovascul	ar disease		l yr.10m
cause (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE CONDITION C	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
None					YES NO X
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)		tar tak
	INITER OCCUPANTO 20- DI	ACC OF INSURING III.	Least view		
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While	JURY OCCURRED 20e. PL. Not while	ACE OF INJURY (Hame, for ctary, street, office bldg., et	m, 20f. (City or town)	(County	(State)
p. m. 19 at work	at work			V 12.110	
21. I certify that I attended the decease	ed from Dec. 21	, 1958 , to D	ec. 21 195	8 that I last s	saw the decease
glive on Dec. 21 0 1958			P M, fram the causes		
	, , und mar deam	accorred dillegg	ADDRESS (Street, city or tow		ote stated abov
ACTUAL MALL MALL	P				
SIGNATURE / Johnson,	26/	M.D 100_Pro	fessional A	rts bld	g. 12/23
PHYSICIAN'S			LE INC.		
NAME (Type) Dr. W. T. Layman . F	ublic Squar	e Hagerst	own, Marylan	1 d	
o. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	, ar county)	(State)
REMOVAL (Specify) 12-24-1958	Rose Hill		Hagerstown	Marvla	nd
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 050		SISTRAR'S SIGNATI	JRE
Scott F. Minnich & Son	Hagerstown	Md. DATE	DEC 2 9 '58	arthur S. A	rous

	1928 Preferance	enderal	Manian ton
		ethi	
	Alok Dak (1112 Ayadas	Laftered when	eg myrantileal
1	Tellisson Com I de la company	VDWR D-COS	no doers
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	basives, may remain	and initial cond	Saldalvi vened
	selves netfit;		Thur Tues .
Ane Cytesta	neofacomed Tout heletin		me and the age
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5 1 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 18 200 Deck 10 E. H.		
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	i deste e agli	111H etc 120F	u-si "12-u

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		It 74	em 1	FilmG237 CERTI	IFIC	ATE OF DEATH			Reg. D	Dist. No		314
1.	PLACE OF DEATH o. COUNTY Wee	shington		MARY	LAND	2. USUAL RESIDENCE (Who	ere decease	d lived. If instituti b. COUNTY	on: Reside	ence befo	ire admiss	sian)
	Hagersto	om lid.		1.0 Mo.	IN 1b	c. CITY OR TOWN (If our Near Marl)		rate limits, write R	URAL and	give ned	prest lawr	n)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2208 Virginia Ave. "Private Res."						d. STREET ADDRESS Falling Wa	ters	RFD				SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Lucy Fir	st	Middle Estella	ħ.	Samsell	4. DATE OF DEATH	Mar	ith	2.7	,	Year 19 58
F	emale	White	WIDOW	head	0	B. DATE OF BIRTH April 8 18	369	9. AGE (In years last birthdoy) 89 yrs.	Months 8		Haurs Haurs	ER 24 HRS. Min.
	Housewif	ting life, even if refired		kind of Business of	OR INDU	Near Mar				U. S.		COUNTRY
		ohn G. Sa				14. MOTHER'S MAIDEN NA Prude		Baker				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (It yes, give war or dates of s	ervice)	social security no Tone		nformant r. J. Wesley	y San	nsell F	iile	we	Wate	ers F
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne far (a), (b), and (c).	b					ONS	ERVAL BE	DEATH
	Conditions, if a gave rise to it cause (a), stating lying cause last.	ny, which (b)	Athen	~	cleatre c	arol	in na	cule	n de	2000	
CATION			DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
L CERTIF		SUNDERLYING CONTROL SAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in Po	art 1 ar Pari	t II of item 1B.)				
MEDICA	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	While	NURY OCCURRED	20e. PL	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City	or lawn)	_	(County)		(State)
	actual SIGNATURE PHYSICIAN'S	at I attended the Dec	deceas 195		Au death	y , 19 5 8 to 27 Vaccurred at 7	M, fran	n the causes of treet, city or town,	and an	last so	te state	decease ed abave ATE SIGNE
220 B1	BURIAL, CREMATIO REMOVAL (Specify)	50 - 0	-58	22c. NAME OF CEM Rivervi		R CREMATORY Cemetery		TION (City, town,		20.07	(State	-
23.	ENTYPRA DIRECTOR		11:11	ADDRESS S	10	240. REC'D						ıa

DATE

may be retained by VS A15 (4) 15M 10/57

ATTACH TO ATTACH	DESCRIPTION OF THE PROPERTY OF	
		THE STREET OF STREET CONTRACTOR AND ADDRESS OF THE STREET
		Control of the last of the las
		A PARAMENTAL DE LA COMPANION DELA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE
	The proper standard to the feeting	
		THE RESERVE OF THE PARTY OF THE

death. Page 4

Zeral director. may be retained the haspital or attending physician. O FUNERAL DIRE OR: After this certificate has been signed by the attending physician and campletely filled in by the actor director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be fited with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. N

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO FUNERAL DIRE
page 3 should be

VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14315

14304 **CERTIFICATE OF DEATH** Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Washington						
b.	CITY OR TOWN (IF	outside carporate limi arest tawn)	ts, write		OF STAY IN 1	c. CITY OR	TOWN (If o	autside corpo	rate limits, write f	RURAL and	d give nea	rest tawn	1)
	Hagerst			33 da	ays	X W:	X Williamsport Route 2						
d.	OR INSTITUTION	AL (If not in haspital, go. Mospital		address)		d, STREET		Mano	r				DENCE FARM?
3. N.	AME OF	Fir	st		Middle		ıst	4. DATE	Mor	nth	Da		Year
(T	ype ar print)	Hele	· · · · · · · · · · · · · · · · · · ·		A	Schafer		OF DEATH	1	2	21		9 58
S. SE	X	6. COLOR OR RACE	7. MARE	RIED NEVE	R MARRIED				9. AGE (In years last birthday)	IF UND	ER 1 YEAR		
	emale	white	WIDOW	-	DIVORCED [7-4-189			67 yrs.	manins	Days	Haurs	Min.
10a.	USUAL OCCUPATIO during most of worki	N (Give kind of work on life, even if retired	dane 10b.	KIND OF BUS	INESS OR IN	DUSTRY 11. BIRTHE	LACE (State	ar foreign co	ountry)	12. 0	ITIZEN O	F WHAT	COUNTRYS
	housev	vife		home		На	gersto	own , l	id.	04.00		USA	
13. F/	ATHER'S NAME					14. MOTHER	S MAIDEN N	NAME					
	James	Oliver Bu	itts				Ella	K. Sm	ith				
15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECU	RITY NO. 17	INFORMANT			Add	ress			
1,100	no	yes, give wor or goins or y		20-28-8	8262 F	Edward Sch	nafer	Wil	liamspor	t. Mo	l. R	2	
1	B. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (o), (b).	and (c).]	W = 7-27					LINTE	RVAL BE	TWFFN
	PART I DEAT	H WAS CAUSED BY:				en east	dent				ONS	B AND	DEATH
	111124	DUE TO		Leuron	LOIDUUI	ar acci	CELLO	-			1	o de	ys
	Conditions, if an					0 - 24 0 - 0			and dea	000	. 7	0 ***	00.000
	gave rise to im	imediate (ertens	sive c	ardiova	BCULE	ar re	nal dia	eas	9 1	< y .	ears
	cause (a), stating t lying cause last.	ne under-											
1 1		ER SIGNIFICANT CON	DITIONS (CONTRIBUTING	S TO DEATH R	UT NOT RELATED T	O THE TERMI	INIAI DISEASI	CONDITION GIV	/ENLINE D	PT 1/0\ 16	WAS A	UITOPCV
CERTIFICATION		rtrochant				or wor well and the	J TITE TERMI	וואת טוטנאטו	COMBINON	LEIG HG FA	KI 1(0) 11	PERFO YES	RMED?
ETE 2	On ACCIDENT WAS					RED. (Enter nature	of injury in I	Part I ar Part	Il of item 18.)				
	IF EITHER, NOTIFY	MEDICAL EXAMINER)	P	atient	t fell	down a	t her	r hom	е				
MEDICAL	Oc. TIME OF INJURY			NJURY OCCUR	RED 20e.	PLACE OF INJURY	(Home, farm	, 20f. (City	or tawn)		(County)		(State)
MED	Haur a.m.	Nov. 1991	While	k at wark	° 25	Home	e bldg., etc.	Hag	erstown	Wa	sh.	Ma	rylan
2	1 I cortify the	at I attended the				n 101058	to De					41.	1
		ember 20/				ith occurred at							
	ilive on Dead	- EU	172	Ω, an	a mar dea	im occurred at			the causes of reet, city or town,		the dat		d abave.
1	CTUAL	1/05 /2 To	nen			100					22 -		100 /F
S	IGNATURE					_M.D100	rrol	Less1	oust wi	.08]	PTOR	175/	22/2
PN	HYSICIAN'S W1	lliam T.	Lay	man		Hag	ersto	own		1	Mary	land	1
	BURIAL, CREMATION REMOVAL (Specify)	I, 22b. DATE THEREO	F	22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, tawn,	or county)	(State)
	ourial	12-24-58			Olivet			Fre	derick		Md		
	neral director's			ADDRES	_		24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S	IGNATUR	E	
I Tra		and Line	manat					EC 2 4 15	-		8. three		

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VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14305 **CERTIFICATE OF DEATH**

14316 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (W. o. SIATE	-	ed. If institution, Resided By SNING	ton	odmissian)
b. CITY OR TOWN (RURAL and give in Hager		c. LENGTH OF STAY IN 16	c. city or town (if		limits, write RURAL on		t town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	address)	d. STREET ADDRESS 321 Broo		ve		S RESIDENCE ON A FARM? ES NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	EDWARD	ELIJAH	SHAMBAUGH	OF DEATH	December		958
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. /	GE (In years IF UND		
Male	White willow		Jany 7 19	!	47 yrs. Manths		aurs Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State			CITIZEN OF V	VHAT COUNTRY
Meat Cut	ter	rocerv store	Hagerst	own Was		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN		7.50		
Josen	oh E. shambau	ioh	Autumn	N. Darok			
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	ite byor	Address		
Yes no or unknown)	(If you may were as dotte of service)		imes L. Res	h 321 F	Brookline	Ave	
18. CAUSE OF DEA	ATH [Enter anly ane cause per li				TOORTING		AL BETWEEN
	ATH WAS CAUSED BY:	1 1	Hagerstown	Mill.	0 . 1.	ONSET	AND DEATH
420.0	DUE TO	1 y o Cardent	hafail!	(41) 6	ue xu		
Canditions, if o		teno scheror	Lie heint	clisia	11 -	-/-	w e S
gave rise to i	immediate	140000				-> CV (CV 2
cause (a), stoting lying cause last,	the under-						
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	UNIAL DISEASE CO	NOTION CIVEN IN BA	PT 1(=\ 10 V	WAS ALITORSY
3 Circho	isu of Circ	~ a contr	al blessed	O oh	esity	P	ERFORMED?
	AS UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II e	f item 18.)		
ZOc. TIME OF INJUR Haur a. m. p. m.	While		ACE OF INJURY (Hame, fare ctary, street, affice bldg., etc	m, 20f. (City or I	awn)	(County)	(State)
21. I certify th	nat I attended the deceas	ed from At 2. 3	0 , 19.56 , to 1	Dec. 19	1957 that	I last saw	the decease
alive an M	Q1 19 19	and that death	accurred at 93				
(9. 11	(1)	4-7-7	ADDRESS (Street,	city or tawn, state)	THE GOIS	DATE SIGNE
ACTUAL SIGNATURE	dural la	1/1/a Ta	217 W.		gton St.		12-20-
	Dr. E. W. Dit	to 111	HHagers	town	Maryla	nd	
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d IOCATION	(City, tawn, or county)		(51-1-1)
BITTE		-	emetery			h 0-	(State)
23. FUNERAL DIRECTOR		ADDRESS	24g REC	Hagers		SIGNATURE	Md.
	Coffman Hage		DATE DE	C 2 3 '58	Ciriling &		

TE OF DEATH	ADOS CERTIFICA	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14306 **CERTIFICATE OF DEATH** 14317

	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
Washington	o. si Maryland Washington
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Hagerstown 15 Yrs	05 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 413 SUMMIT AVE	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
419 DUMMIT AVE	413 Summit Ave YES NO DX
3. NAME OF DECEASED (Type or print) HARRY REPP	SHILLING 4. DATE Month Day Yeor DEATH December 34 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Jany 3 1889 lost highiday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
onstruction Worker Retired	Hagerstown Wash. Co Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James shalling	Mary C. Albert
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
No (fer. no. or unknown) (If yes, give wor or dotal of service)	ona E Shilling 413 Summit Ave
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Hagerstown Md. Interval Between
PART I. DEATH WAS CAUSED BY: Bronchogonia	IONSET AND DEATH
162/ IMMEDIATE CAUSE (6) BI OTICITOR CITIES	About 6 Moneth
Conditions, if any, which) (b)	
gove rise to immediate Dus TO	
cause (a), stating the <u>under-</u> lying cause lost. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY IHome, form, 20f. (City or town) (Caunty) (State)
Hour a.m. While Not while	ctory, street, affice bldg., etc.)
	5 . 50 Dec 04 50
21. I certify that I attended the deceased from Aug. 26	
alive on Dec 23, 19 58, and that death	accurred at 1:15 m, from the causes and an the date stated above
ACTUAL KATTINO	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE	M.D. 119 North Potomac St. 12-26-58
PHYSICIAN'S R.A.Bell, M.D.	Hagerstown, Maryland.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 12/27/58 Rose Hill	Cemetery Hagerstown Wash. & Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
andrewki Coffman Hagerstown Md	DATEDEC 3 0 '58 Carling & House

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PERMIT A SERVICE OF THE PROPERTY OF			
		Hanney Stewart Barrier	

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR AT may be retained a

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14318

14342 **CERTIFICATE OF DEATH**

Reg. Dist. No.

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		MARYI	LAND	STATE DEPART	MENT OF	HEALTH	I-BAL	TIMORE,	18	14	131	3
		143	307	CERTIFIC	CATE OF	DEATH	1		Reg. D	ist. No.	302	2
1.	LACE OF DEATH L. COUNTY	hington		MARYLAN	o. SIAIL	Marvla		d lived. If institut b. COUNTY		ince before		ion)
	CITY OR TOWN (RURAL ond give on Hagerstow		ts, write	c. LENGTH OF STAY IN 1	b c. CITY OR	TOWN (If o	utside corpo	rote limits, write 1				1)
	OR INSTITUTION	TAL (If not in hospital, g		address)	d. STREET	gersto Address Potoma		eet				FARM?
3.	NAME OF DECEASED Type or print)	Fir CHA		Middle NG	SH	ost J	4. DATE OF DEATH	Decemb		Do 7		Year 1958
5.	ale	6. COLOR OR RACE Yellow	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED	B. DATE OF BIR		.888	9. AGE (In years last birthday) 70 yrs.	IF UNDE Manths	R 1 YEAR Doys	Hours	R 24 HRS Min.
	aundryman	king life, even if refired)	kind of Business or in tineese Laund	ry Can	ton, C	hina			tizen o		COUNTRY
(Ye	WAS DECEASED EVE	INKNOWN R IN U. S. ARMED FOR (If yes, give wor or dotes of so	ervicel	0 00 01111	7. INFORMANT Louie F 60		inknow		dress	[ary]	and	
		mmediate (, ,	ne for (a), (b), and (c).] Neplino feneralis	sclina	nten	ıas	Clerces	is		EVAL BE	
CERTIFICATION			DITIONS	CRIBE HOW INJURY OCCU					VEN IN PA	RT 1(o) 1	9. WAS / PERFO YES	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	20d. II While of wor	Not while	PLACE OF INJURY foctory, street, office	(Hame, form, ce bldg., etc.	20f. (City	or tawn)		(County)		(Stote)
220	alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify)	Sert V. A. DATE THEREO 12/10/19	195 (, C)	8, and that decomposed of the pose of the	M.D	5 Wil	Vas Uas ust 22d. LOCAT	n the causes of treet, city or town, hungsto	and an intote)	sthe date	DA (Stote	ed abave ATE SIGNE Z/8/
23 S	Burial FUNERAL DIRECTOR LICET-ROUZE R. Lankly	s signature er Huneral		Lorraine Cer ADDRESS Hagerstown,		249. REC'D DEC 1	Bald BY REGIST 0 '58		STRAR'S SI	GNATUR	ylan E	d

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	filled	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed	
	tely	٩	
	ple	ers.	
	COM	pap	stron origin to burial, cremation or removal, and in any event within 72 hours after death.
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MARYLAND STA	TE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
14308	CERTIFICATE	OF	DEATH	Reg.

MARYLAND STATE				18 14	1320
14308	CERTIFICAT	E OF DEATH		Reg. Dist. No.	302
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND 2	. USUAL RESIDENCE (Who STATE	tarb. CQUN	utlani Residence befare	admission)
	7 Yrs	c. CITY OR TOWN (IF our 3 Hagersto	tside corporate limits, write	RURAL and give neare	est fown)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSULUTION 36 No Walnut St		d. street address 36 No Wal	nut st	•.	IS RESIDENCE ON A FARM? YES NO KK
3. NAME OF DECEASED (Type or print) WILLIAM AL:	Middle FRED SI	Lost MEADLEY	4. DATE OF DEATH DECEL	nber 30 19	Yeor 95819
5. SEX 6. COLOR OR RACE 7. MARRIED NEW	VER MARRIED B. I	DATE OF BIRTH		months Days	
	tired	Front Roy	val Warren	MA A	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Newton Smeadley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITA NO. 17. INFO	No Record		ddress	
No (If yes, give wor or dates of service) 80-14-	5539 Mrs	Mary K. S	Smeadley 36	No Waln	ut St
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last. DUE TO DUE TO (c)	on ally	Hurou	Basin		Vay
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				SET THE PARTY OF T	PERFORMED?
		Enter nature of injury in Po			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not wat of work of work of work of work.	hile foctor	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I objected the deceased from alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death of		M, from the causes Mess (Street, city or tay College College College Co	and on the date on the date on, state)	
220. BURIAL, CREMATION, 1226. DATE THEREOF 22C. NAM REMOVAL (Specify) 1/2/59 Rest 23. FUNERAL DIRECTOR'S SIGNATURE ADDR		metery H		ash. Co	(State)
Andrew K. Coffman Hagerst		DATE JAN		Talling & H	

I SAUG CERTIFICATE OF DEATH The State of the S Section (Section 2) - Section 2

TO HOSPITAL OF may be retain.

TO FUNERAL DIR

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

14321

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Washingto		MARYLAND	2. USUAL RESIDENCE o. STATE Virgin		ed lived. If instituti b. COUNTY	on: Residenc	e befare	admission)
	 CITY OR TOWN (RURAL and give n 	If outside corporate limi earest tawn)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corp	orate fimits, write R	URAL and g	ive neares	st lown)
L		k Marylan				tco Ve		- (X	- 5
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS	5			- 1 /	IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	Fii Ani		Middle	Smith	4. DATE OF DEATH	Mon	.2	Doy	Year 19 58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED X NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		YEAR IF	UNDER 24 HRS.
	F.	W.	WIDOW	ED DIVORCED	May 13.1	916	lost birthday)	Months	Doys H	daurs Min.
L	USUAL OCCUPATION during most of wor Housev	king life, even if refired	done 10b	. KIND OF BUSINESS OR INC	East St	.Louis		12. CITI	U.S	A.
13.					14. MOTHER'S MAIDE					
1		Hlavaty	crao la .			Simko				
	is, no. or unknown)	(If yes, give wor or dates of s			INFORMANT	1 dalla	Add			
-	No				oseph E Sm	ith Qu	anitco	va.		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	V	ine for (a), (b), and (c).	Infa	eti	~		ONSET	AND DEATH
	420.	DUE TO	0							1/2
	Conditions, if a gove rise to i cause (a), stating lying couse lost.	mmediate DUE TO								
CERTIFICATION	PART II. OTI			CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART	3	WAS AUTOPSY PERFORMED?
	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I or Po	rt 11 of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye 19	While		PLACE OF INJURY (Hame, foctory, street, office bldg.,	form, 20f. (Cit etc.)	y or town)	(C	ounty)	(State)
	21. I certify th	at I attended the	deceas	sed from Dec	4 , 1958, 10		, 19	that I le	ast saw	the decease
	actual SIGNATURE	ank BTI	19- tom	and that dea	th accurred a 315	M, fra	m the causes of itreet, city or town,	and on th	e date	stated abave
	PHYSICIAN'S NAME (Type) FT	rank B Th	omas	Hancock Mc	1.					
220	BURIAL, CREMATIC REMOVAL (Specify) Burial	12.8.	-10	Community		22d. LOCA	TION (City, town,		7873	(Stote)
23.	FUNERAL DIRECTOR		0	ADDRESS		EC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG		•

ALARYLARD STAFF UEFARTABERS FEATURE 18 . How and the second estate again to . AN ADDITION OF THE PARTY OF T

death. Page 4

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14322

Rea. Dist. No

1. PLACE OF DEATH o. COUNTY	Washington	1	MARYLA		o. STATE	DENCE (Who	ere deceased	lived. If instituti b. COUNTY		ashin		
b. CITY OR TOWN (RURAL ond give n	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (If or	utside corpor	ate limits, write R	URAL ond	give neare	st town)
Hagers			1 week	10	03 на	gerst	own					
	TAL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS				e.		DENCE FARM?
	o. Hospital	1			329	Eliz	abeth	Ave.,	70	,		NO []
3. NAME OF DECEASED (Type or print)	Fir Anni		Middle Belle		Smith	t	4. DATE OF DEATH	Mor 12		16	1	^{(eor} 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ 8.	DATE OF BIRTI	Н		9. AGE (In years lost birthdoy)	IF UNDER	1 YEAR IF		
female	white	WIDOW	we		eb. 7.	1880		lost birthdoy) 78 yrs.	Months	Days 1	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR				ar fareign co		12. CIT	IZEN OF	WHAT	COUNTRY?
	sewife		home		F	rederi	ck, M	d.		U.S.	.A.	
13. FATHER'S NAME					14. MOTHER'S				-			
W:	aniel Marti	n				Ames	Full	er				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Add	ress			
(Yes, no, or unknown)	(If yes, give war ar dates of s	ervice)	none	Gus	sie V.	Willi	s	Hagersto	wn, M	d.		
	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTERV	/AL BE	TWEEN
	TH WAS CAUSED BY:		Counst	in .	Heart	Frile				ONSET	AND	DEATH
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Conditions, if o		14	y postrus!	1-6-	actor	ace to	-ti-	Hr. 12 2	Life.	e Un.	-	the in
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PART II. OTI			CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY
CAT											-	NO TO
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture o	f injury in P	ort I or Port	II of item 18.)				
20c, TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Yes		NJURY OCCURRED 20 Nat while k of work	PLAC foctor	E OF INJURY (i	Home, form, bldg., etc.	20f. (City	or town)	(0	County)		(Stote)
21. I certify th	at Lattended the	_	ed fram. 9	-19	10 44	4 10	121	14 1058	that I	last sau	the	despesad
alive an	12/16	19	78 , and that d									
0	1		ELLE, CHE MOI O	cum u	ccorred dig			eet, city or town,		ne dore		TE SIGNED
ACTUAL SIGNATURE	John St.	Hor	n have	M.I	o. <u>15</u>			ington S		12		3:58
PHYSICIAN'S NAME (Type)	John H. Hor	nbak	er, M.D.		На	gerst	own. M	de				
220. BURIAL, CREMATIC REMOVAL (Specify) burial			22c. NAME OF CEMETE Rest Hav		REMATORY			ON (City, town, orstown	or county)	Mo	(State	•)
23. FUNERAL DIRECTOR			ADDRESS	- 12		240. REC'D	BY REGISTI		STRAR'S SIG	SNATURE		
Fred W. K	raiss Ha	gers	town, Md.				2 2 '58		w. 9 8			
										A Name A		

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death. Page 4

the haspital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the peral detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be to burial, cremation, or remayal, and in any event within 72 hours after death. IERAL DIN OR 3 should be deto gistrar prior to b

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off may be retained the haspital or attending physician. TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 she registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.	I
VS A15 (4)	100
15M 9/55	1

	12023				Reg. Dis	st. No.
1. PLACE OF DEATH o. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE (W o. STATE	L.	COLUMBU	ington
RURAL and give n	(If outside corporate limits, write egrest lown)	62 years	c. CITY OR TOWN (IF	outside corporate limi	its, write RURAL and g	give rearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street RFD #1	oddress)	d. STREET ADDRESS	#1		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Maggie	May	Smith	4. DATE OF DEATH	Month Decemb	Doy Yeor er 7, 19 58
female	white wow			876 81	and the second	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
0a. USUAL OCCUPATION during most of wor house	ON (Give kind of work done 10b. king life, even if retired) WITE	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stole Leiters	or foreign country) burg. Md		ZEN OF WHAT COUNTR
3. FATHER'S NAME	Fred Myers		14. MOTHER'S MAIDEN I		dia Mine	r
15. WAS DECEASED EVE 1Yos, no. or unknown)	(If yes, give war or dates of service)		s. Katherin	e Milbur	Address n, Hager	stown, Md.
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	m mediote (LUCILLE TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	Years.
O THE ETHER, NOTIFY	AS UNDERLYING 20b. DESI	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of ite	em 18.)	PERFORMED? YES NO
20c. TIME OF INJUR Hour a. ji. p. m.	While	NJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City or town	(C	ounty) (State)
alive an	nat I attended the decease	A, and that death	n occurred at 151.	M, fram the c	causes and an th	ast saw the decease the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	122c. NAME OF CEMETERY C	HAGEROTE	22d. LOCATION (Ci	V. lown, or county)	(State)
burial (Specify)	12-10-58	Smithsburg		Smithsb		(Siore)
23. FUNERAL DIRECTOR	C CICALATURE	ADDRESS			24b. REGISTRAR'S SIG	

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CERTIFICATE OF DEATH 11210

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	1431		AIL OF BEAT		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md.	nere deceased lived. It inst b. COU		
RURAL ond give n		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	oulside corporole limits, wri	ite RURAL and give nec	rest fown)
Hagers		1 21 Days	X Rural	, Smithsburg		
OR INSTITUTION	TAL (If not in hospital, give street Washington Cour		d. STREET ADDRESS	hsburg #2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Last		Month Do	y Yeor
(Type or print)	Albert	+ Harbaugh	Snively	OF DEATH	Dec. 25	19 58
5. SEX	6. COLOR OR RACE 7. MARI	RIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	egrs IF UNDER 1 YEAR	
Male	White wow	ED DIVORCED	1/15/1910	lost birthdo	yrs. Months Days	Hours Min.
0a. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b.	KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	F WHAT COUNT
	per & Machinist		Wavnes	boro Pa.	U.S.	Α.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	100		
M.	ilbur R. Snivel	(r	No	llie B. Harb	ough	
IS. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.		INFORMANT		Address	
(Yes. no, or unknown)	(If yes, give war or dates of service)		16 171			
NO 1		73-03-1086	Mrs. Albert H	, Snively, S	mithsburg	
	ATH [Enter only one couse per ti	ne for (o), (b), ond (c).]	0	144 1 4		RVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Vianousa (Van chicase	unte Water	Taren	DAND DEATH
1509 V	IMMEDIATE CAUSE (o)	V I John V HOUL	y our out-ou	01000		J Mar Day
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Conditions, if o						
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couse (o), stoting lying couse lost.	the under-					
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT BELATED TO THE TERM	NIAL DISEASE CONDITION		O MAS ALLEGON
OLYN II. OII	NEK SIGNIFICANT CONDITIONS S	CONTRIBUTING TO DEATH BE	JI NOT KELATED TO THE TERMS	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJUR	RY Month, Day, Year 20d. II	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form	20f. (City or town)	(County)	(Stote
20c. TIME OF INJUS Hour o. m. p. m.	While	Not while ¹	factory, street, office bldg., etc.)	(coomy)	(3.0ic
₹ p. m.	ly of wor	k of work		1		
21. I certify th	nat I attended the deceas	ed fram 2-11	19.5 8, to C	2/25 19	37, that I last so	w the decea
alive an/2	125 195	and that deal	th accurred at 104			
		zzzzzz, dira mai deai		ADDRESS (Street, city or to		DATE SIGN
ACTUAL	71117	AL		Tookes (Sireer, City of to	WII, SIOTE)	DATE SIGN
SIGNATURE	clus VVI-	1 sella	M.D. // 4.3	wany	Ma	12/2
PHYSICIAN'S NAME (Type)	ALION M	WELT	y			
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	wn, or county)	(Stote)
REMOVAL (Specify) Burial	12/27/58	Green Hill		**		7
3. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	04- 0501	Waynesboro	, Franklin	Pa.
711-171	2/ //	1, 1-				
waller	1 Lipping	a lamps	DATE EC	2 9 '58	Tithur & House	4

may be retained to the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tractal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the VS A15 (4) 15M 10/57

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death. Page 4

may be retained the hospital or attending physician.

2 FUNERAL DIRE OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 houry after death. 81

TO FUNERAL DIRE

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofte VS A15 (4) 15M 9/55

	149	11	CEKTIF	.ICV	ALE OF DE	АІП			Reg. D	ist. No	. 3	03
. PLACE OF DEATH a. COUNTY Lehing			MARYL		2. USUAL RESIDEN		deceased	lived. If institution b. COUNTY	on Reside	nce befo	ore admiss	ion)
RURAL and give ne		its, write	c. LENGTH OF STAY IN		c. CITY OR TOW	VN (If outs	ide carpo	RI A III				7)
	CS TOWN AL (If not in hospital, g	ive street		9	X 1799	(494)	1-1-1	1111	unks			I DELICE
OF INSTITUTION	county Ho				d. STREET ADDR	y/+	Mrs /Kee	o. Cora	B. W	elt		FARM?
NAME OF DECEASED	Fig	rst	Middle OT Tarmon		Lost	4	. DATE OF	Mon		Do		Yeor
(Type ar print)	DAVID	7	CLINTON	- 1	SOUTH		DEATH	Decemb				19
Male	White	WIDOW	ED NEVER MARRIED DIVORCED	_	Feby 21	186:	1	9. AGE (In years last birthday) 9. yrs.	Months	Days	Hours	ER 24 HRS Min.
Oo. USUAL OCCUPATION during most of work	ON (Give kind of work ting life, even if retired	dane 10b.	Retired		TRY 11. BIRTHPLACE	4		suntry)	12. CI		JSA	COUNTR
3. FATHER'S NAME			2.002200		14. MOTHER'S MA			Olle O	- Jue	-	2025	
Ben:	Geary S	outh				rgar		oung				
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		TOTAL	
No	— · · · · ·		None	FI	ank welt	tv Ha	ager	stown h	d. I	R #	3	
gove rise to in cause (a), stoting lying cause last.	the under- DUE TO	:)	CONTRIBUTING TO DEAT	TH PLIT	NOT RELATED TO THE	F TERMINIA	I DISEASI	E CONDITION CIT	/ENI INI DAI	PT 1/a)	O WAS	AUTOPEY
3	Calca		in Urina	An	Bl. Jak)	I DISEASI	E CONDITION GIV	EN IN FAI	K1 1(0)	PERFC	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CU REL). (Enter noture of inj	ury in Par	t I or Pari	III of item 18.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	ar 20d, II While of wor	Not while	Oe. PLA fac	CE OF INJURY (Hom tary, street, office bld	e, form, Ig., etc.)	20f. (City	or town)		(County)		(State)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas , 19 ,	The second second		19.27, to accurred at 0	105 A	M, fran ORESS (SI	reet, city ar tawn,	and on t		ite state	
20. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL		8	Rose Hil		crematory enetery	7	T	ION (City, fown, or stown)	or county)		(Stat	
3. FUNERAL DIRECTOR			ADDRESS		U -	o. REC'D B	Y REGIST	RAR 24b. REGI	STRAR'S S	GNATU	RE	
A ndrew k	. Coffin	n Ha	gerstown :	lud.	DA	FECO 1	2 150	0 71	. 0 .	w.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57 Reg. Dist. No.

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1	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAGERSTOWN 2DAYS	RURAL HMARANTH 75X-3
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShington Co Hosp,	d. STREET ADDRESS e. IS RESIDENCE On FARM? YES NO
	3. NAME OF DECEASED (Type or print) Bertha Cross	Shade Death Dec 544 1958
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE White WIDOWED DIVORCED	UNE 15 1892 66 15 69
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
) [John S. ENgle	Rebecca SMith
Ī	15. WAS DECEASED EVER IN U. S. ARMED FOICES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	No - Wi	etter & Spade Umaranthe Ta
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	443× DUE TO	uminhage 5 days
	Condition if any which >	las notesionalismos
	gove rise to immediate couse (o), stoting the under-	000 000 000 000
	lying couse last. (c) ly shallward (c)	Indiovagentar distase Years
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 20g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH 20g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH 20g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Dec. 19	1955, to Stee 74, 1955, that I last saw the deceased
	alive an Dil Ly, 1955, and that death	accurred at 2 7 p. M. from the causes and an the date stated above.
	ACTUAL SIGNATURE A STATE N	ADDRESS (Street, city or town, state) DATE SIGNED A.D. 145 4. Project 4
1	PHYSICIAN'S R.S. STAUFFER	Haguitour md:
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
2	BURIAL DEC 28 1968 JERUSA / E	1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Allihuer Sikes Harrisonvil	Le Pa DATE DEC 3 1 '58 Carling & House
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COLUMN TOWN			
	11497-1142-103011 231-0-1		
		NIMES I	
Superior in the San	a) minute for the same		

CERTIFICATE OF DEATH

14327

2202				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	a. STATE	ere deceased lived. If institute b. COUNTY	ian: Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write	Le IENCTH OF CTAX IN II	Md.		Washington
RURAL and give nearest town) Maugansville	c. LENGTH OF STAY IN 16 10 yrs.	Clears		RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Mennonite Home	et address)	d. STREET ADDRESS	treet	e. IS RESIDENCE ON A FARM? YES NO IP
NAME OF DECEASED (Type or print) Bertha	Middle Kate	lo:: Spielman	4. DATE Mor OF DEATH 12	nth Day Year
S. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
female white wipo	WED DIVORCED	Feb 24,1871	last binthday) yrs.	Months Doys Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
housewate	home	Hagersto		U.S.A.
A Com		14. MOTHER'S MAIDEN NA		
Amos Spielman 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? IN	v cociu (scupizva)		ine McCoy	
(If yes, give wor or dates of service)		nformant rs. Carrie Jon		cown, Md.
Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost. DUE TO DUE TO (b) DUE TO	arterial	I Schne	osis	10 yrs
PART II. OTHER SIGNIFICANT CONDITION 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (20b. D) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Part II of item 18.)	
Hour o. m. Whi		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decedalive on 19.00 14. 19.	ased from Dicci, 58, and that death			Sthat I last saw the decease and an the date stated above stole) DATE SIGNE MAL 12/16/
PHYSICIAN'S DAVID R	Brewe:	Υ	1 1	. / /
220. BURIAL, CREMATION, REMOVAL (Specify) 12-17-58	22c. NAME OF CEMETERY O St. Peters		22d. LOCATION (City, town, Clearspring	
3. FUNERAL DIRECTOR'S SIGNATURE John Clark Clearspr.	ing, Md.	24a. REC'D DATE DE		STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after The haspital or attending physician.

R. After this certificate has been signed by the attending physician and campletely filled in by tached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event within 72 hauss after death. the registrar priar to burial, TO FUNERAL DIRECTA
page 3 should be deta TO HOSPITAL OR

ral director, be filed with

eath. Page 4

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11,212	CEPTIEICATE	OF	DEATH	

CERTIFICATE OF DEATH

14328

		T#9T9	CERTIFICA	ATE OF DEA	111	Reg. Dis	st. No.	
1. (DLACE OF DEATH	HINGTON	MARYLAND	2. USUAL RESIDENCE		b. COUNTY WASH		1
	RURAL and give no	of outside carporate limits, write earest town)	c. LENGTH OF STAY IN 16 3 Weeks	0 1 0	(If outside carporate li	mits, write RURAL and g	give rearest low	n)
	d. NAME OF HOSPIT OR INSTITUTION WASHIN	AL (If not in haspital, give street GTON COLINTY	Hostice.	d. STREET ADDRESS	Franklin	St.	ONA	SIDENCE A FARM?
1	NAME OF DECEASED (Type or print)	CLAUdE	Middle	STONE	4. DATE OF DEATH	Month Dec.	Day 30,	Year 19 58
	MALE	WHITE WIDOW		6 - 28-	1901 5	t birthday) Months	Days Hours	ER 24 HRS. Min.
10a	during most at work	ON (Give kind of work done 10b. king life, even if retired) ader. City Light			ate ar foreign cauntry)	12. CIT	S F	COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		4	
	Edwar	d Stone		Deli	ela Dick			
1S. (Yes		(If yes, give war ar dates of service)	SOCIAL SECURITY NO. 17.	Mrs. Cladde	F. Stone.	Address Hage	erstown anklin S	Md.
	Conditions, if or gove rise to it cause (o), stating lying cause lost.	mmediate DUE TO					V	
CERTIFICATION		HER SIGNIFICANT CONDITIONS					T 1(o) 19. WAS PERFO YES	DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. DES [] CAUSE OF DEATH MEDICAL EXAMINER]	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I ar Part II of	item 18.)		
MEDICAL	20c. TIME OF INJUR Hour a. n. p. m.	While	NJURY OCCURRED 20e. Pl Nat while fa tk at work	ACE OF INJURY (Hame, fictory, street, office bldg.,	arm, 20f. (City or lovelc.)	vn) (C	County)	(State)
		at 1 attended the decease 2 c · 30 19	Photo:	, 19.5.3, to 1 occurred of 5/1	I_M, from the			
Ī	ACTUAL SIGNATURE	875 thersa	7	M.D. 148 W	ADDRESS (Street, c	ity or lown state)	12	ATE SIGNE
	PHYSICIAN'S NAME (Type)	3.B.KNEIS	SLEG	Hage	crotour.	asyland		
10.5	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			City, tawn, or caunty)	(Stot	
_	FUNERAL DIRECTOR		- Burns Hil			oro, Frank		•
/	Valter	4 Hins	Mayren	DATE DATE	EC'D BY REGISTRAR	24b. REGISTRAR'S SIG		

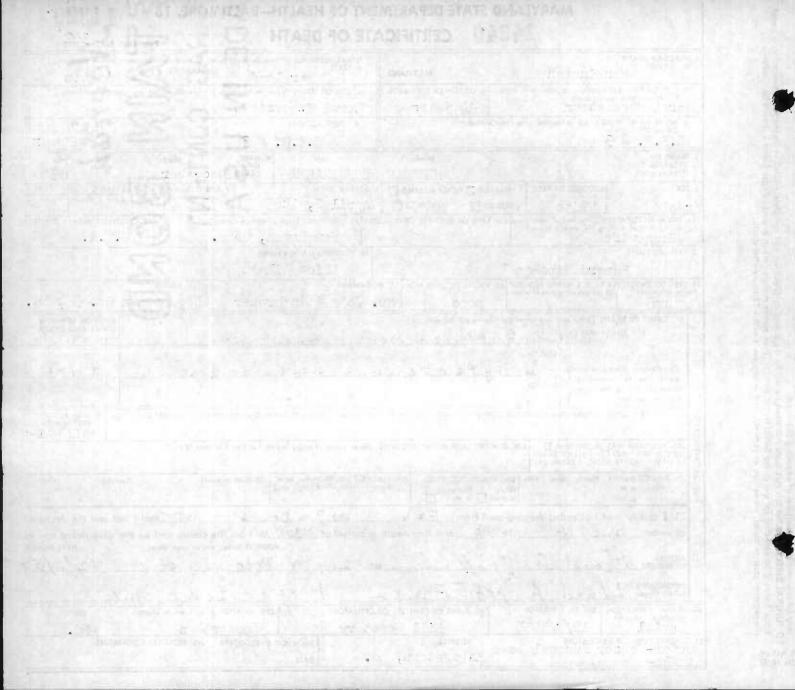
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VS A15 (4) 15M 10/57 14329

14346 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Was	shington		MARYL	AND	2. USUAL RES	Marvi		l lived. If instituti b. COUNTY		ce before od	
b. CITY OR TOWN (II RURAL ond give ne Rural Hage		ts, write	c. LENGTH OF STAY IN	ч 1Ь		Hager		role limits, write R		0	
d. NAME OF HOSPIT OR INSTITUTION R.F.D. #	AL (If not in hospital, g	jive street	address)		d. STREET		# 3			01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ET.T.A	st	Middle HTNSM	AN	STONEBR	AKTER.	4. DATE OF DEATH	Decembe:		Day 6	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		8. DATE OF BIR	TH		9. AGE (In years		I YEAR IF UI	NDER 24 HRS.
Female	White	WIDOW			April	2, 188		last birthdoy)	Months	Days Hou	ers Min.
100. USUAL OCCUPATION during most of work Housewife	ing life, even it refired	done 10b.	KIND OF BUSINESS OR	INDU:		W Have				J.S.A.	HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	AME		-		
Edi	ward Hinsma	an			Al	ice Wi	lmot				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II	NFORMANT			Add	ress		
no	in yes, give wor or ourse or s	ervice)	none	Mr	• John	Stineb	raker	Hage:	rstown	n Rt.	3 , Md.
Conditions, if or gove rise to ir couse (o), stoling lying couse lost. PART II. OTH	the <u>under-</u> DUE TO	H		ns		Vesc	vler	CONDITION GIV		7 <u>.</u>	RFORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURREC). (Enter noture	of injury in P	ort I or Port	II of item 18.)		1123	I HO B
Y 20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of wor	Not while	Oe. PLA	CE OF INJURY tory, street, offi	(Home, farm, ce bldg., etc.	20f. (City	or town)	(C	County)	(Stote)
21. I certify the	at I attended the	deceas	41 -4		occurred a	7, 10 Da	M, from	the causes o	,that I I	ast saw the	he deceased
ACTUAL SIGNATURE PHYSICIAN'S	Port a	4	offma	/	M.D. 214	# H -	Pato	eet, city or town,	state)		P-/5
220. BURIAL, CREMATION REMOVAL (Specify)	//	F 7	22c. NAME OF CEMET			M ES		To Wm	or county)		itote)
Burial 23. FUNERAL DIRECTOR'S Suter-Rouz R. Franklin	SIGNATURE er Funeral	Home	Rose Hill ADDRESS Hagerstown			240 BECO	BY REGISTE 58		STRAR'S SIG		d.



CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY		on	MA	RYLAND	o. STATE			- b. COUN	Ity ——	dence before	ore admiss	colo.
RURAL on	TOWN (If outside corpored give neorest town) rstown R # 8		c. LENGTH OF ST		. / _			ote limits, writ			arest town)
d. NAME O	F HOSPITAL (If not in hos	pitol, give stree	et address)	15.	d. STREET A		Onsti		WOLVE	<u> </u>		IDENCE FARM?
NAME OF DECEASED (Type or prin	nt)	First ROBERT	Mid- GRA		STR.		4. DATE OF DEATH		Aonth Oec.	_	,	Year 19 58
s. sex Male			RRIED NEVER MAI		May 27,			9. AGE (In year last birthday		DER 1 YEAT	Haurs	R 24 HRS
during mot	CCUPATION (Give kind of st of working life, even if uction Worke	refired)	b. KIND OF BUSINESS	S OR INDUST				co.Md.	12.	USA	OF WHAT	COUNTI
3. FATHER'S N	Samuel Str	ide			14. MOTHER'S	manda	Swai	n ?				
S. WAS DECEA Yes, no. or unknow Yes	ASED EVER IN U. S. ARME	lates of service)	s. social security i L95–07–043(formant hard Ha	rbaugh	302		st St.	. Hage	rstow	vn,Mo
74	7,	DUE TO	Music	we	u	Jan San San San San San San San San San S		John T			f	
Condition gave rist cause (a), lying cau	IMMEDIATE CA	(b) OUE TO (c)	CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO	THE TERMIN	HAL DISEASI	CONDITION	GIVEN IN F	PART I(o)	PERFO	RMED?
Condition gave rist cause (a), lying cause (b), lying cause (c), control or c	ons, if any, which se to immediate, stating the <u>under-use lost.</u>	(b) (b) OUE TO (c) OUE	CONTRIBUTING TO						GIVEN IN F	PART I(o)	PERFO	RMED?
Condition gave rist cause (a), lying cause (b), control on Control (if Either, 20c. Time Co. Time Co.	IMMEDIATE CA	DUE TO (b) DUE TO (c) T CONDITIONS DEATH 20b. DE	SCRIBE HOW INJURY	OCCURRED.		f injury in Po	art 1 or Part	II of item 18.)	GIVEN IN F	PART 1(a)	PERFO YES	AUTOPSY RMED? NO [
Condition gave rist cause (o), lying cau	IMMEDIATE CA Ons, if any, which se to immediate, stating the under- use lost. INTERESTINATION DENT WAS UNDERLYING CAUSE OF E. NOTHEY MEDICAL EXAM OF INJURY Month, Do o. m. p. m. Trify that I attended	DUE TO (b) DUE TO (c) IT CONDITIONS DEATH INER) 19 Whill of we deceed	INJURY OCCURRED Not while ork of work of the seed from An	20e. PLAY	CE OF INJURY (I ory, street, office	Hame, farm, e bldg., etc.)	20f. (City M, from DORESS (S)	II of item 18.) or town)	5.8 that	(County)	PERFO YES	(State
Condition gave rist cause (a), lying course (a), lying course (a), lying course (a) Paul (a) Paul (a) Paul (a) Paul (a) Paul (a) Paul (a) Physician Name (Tyrician)	IMMEDIATE CA Cons, if any, which so to immediate, so to immediate so to immed	DUE TO (b) DUE TO (c) IT CONDITIONS DEATH 20b. DE 20d.	INJURY OCCURRED Not while ork of work of seed from An Seed from An And the M.D. 22c. NAME OF CO	20e. PLAY focks at death	CE OF INJURY (I ory, street, office occurred at al.).	Home, form, e bldg., etc.)	20f. (City	or town) 71, 19	58 that s and ar	(County)	PERFO YES	(State

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter may be retained TO FUNERAL DIREC VS A15 (4) 15M 9/SS

may be retained. The hospitol or attending physician.

Description of the hospitol or attending physician.

Description of the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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	TE OF DEATH	BY CERTIFICA	4 ²	
20 Sec. 2007 - Aug - 1 1				AP 558
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M		PLACE OF DEATH o. COUNTY	Washing	ton		MARYLAND	11 0	SUAL RESIDENCE STATE	(Where de	ceased live	b. COUNTY		ashi		
		RURAL ond give r	If outside corporate lim learest town) STOWN	its, write		days	C	CITY OR TOWN		carporate	limits, write R	URAL and	give nec	rest tow	n)
81		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	_		act of	10	Hagers STREET ADDRES 2010 Vi	SS	n A 77					A FARM
		NAME OF DECEASED		rst		Middle	11	Lost	4. D.	ATE	Mon		Do		Yeor
	L	(Type or print)	John 6. COLOR OR RACE	17		Evers	Ta	Swope		EATH	12		10		19 5
		male	white	WIDOW	/ED 🔲	VER MARRIED DIVORCED	Ap	ril 20,	1886	lo	GE (In years ost birthday) 72 yrs.	Months	R I YEAR Days	Hours	ER 24 H
	100	during most of wor	ON (Give kind of work king life, even if retired Ctor	done 10b	Rail:		USTRY	1. BIRTHPLACE (S		ign countr	y)	12. C	ITIZEN O	S.A	
	13.	FATHER'S NAME					14.	MOTHER'S MAID							
			George Wil					υ	ınknow	m					
	15. (Ye	MAS DECEASED EVI	R IN U. S. ARMED FOR (If yes, give war or dates of s	service)	SOCIAL SEC		Mrs.	Mary Su	rope	На	Addr gerstow		ld.		
	7	PART 1. DEA Conditions, if a gove rise to i couse (o), stating lying couse lost.	the <u>under-</u>		the for	ntoin oclopita hossel	8=0	denox for for	roca		ey .		ONS	RVAL BEET AND	DEAT
2	TIFICATION		HER SIGNIFICANT CON					er nature of injury				EN IN PA	RT 1(o) 1	PERFO YES	RMED
	MEDICAL CERTIFI	20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yes 19 Qt I attended the	ar 20d. I While of war	NJURY OCCI	URRED 20e.	PLACE OF	F INJURY (Home, tree), office bldg.,	form. 20f.		own)	_,that I	(County)	w the	(Sto
1		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	go for	19 Luc	1	ind that deal	h occu	rred at 2			e causes a city or town,	nd on I		e state	
	220	BURIAL, CREMATIC REMOVAL (Specify) DUTI al	12-13-58			e of CEMETERY se Hj.ll	OR CREM	MATORY	22d. L		(City. town, o			(State	e) Md.
.0		red W. Kr		agers	Addrestown,					GISTRAR 5 '58	24b. REGIS	TRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4332 14315 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Marvland Washington b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) should Life Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM D.O.A. Washington County Hospital by 1098 Marshall St. YES NO IX NAME OF First Middle Last Month Day Year ROY EDMOND TALL. 1958 DEATH (Type ar print) Dec. S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Oct.28,1884 Days Male White WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carpenter Refrig. Industry Washington Co.Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion John Tall deoth certificate Mary Steffey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 1098 Marshall St. Magerstown. Md. No 217-12-2246 Mrs.Roy Tall 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** þ Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m While Nat while at wark at wark 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at _M, fram the causes and an the date stated above DATE SIGNED ACTUAL pe RAL DIRECT should PHYSICIAN'S TO FUNERAL NAME (Type) 3 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rest Haven Cemetery Burial Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Rest Haven CEmperal Chapel Inc. Hagerstown, Md. DATE EC 1 1 Cirthur & Haus

OR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14333

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN [If outside corparate limits, write RURAS c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) and give negres! town) Sharpsburg Md. Sharpsburg Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARME Antietam Creek at Burnside Sharpsburg Ild. YES NO TAL 3. NAME OF Middle 4. DATE Yeor DECEASED 58 (Type or print) Virginia DEATH Dec. Daisv Teays 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE tin years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Hours White WIDOWED | DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Nursing Home Cabletown LADO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Tomblin Nancy Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Teavs Sharpsburg Md. Robert 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation due to drowning IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? NO TO 200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Drowned self in Antietam Creek 20c. TIME OF INJURY 20d INJURY OCCURRED Month, Day, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) While Not while 19 58 of work of work Md Wash Antietam Creek Sharpsburg 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection K. Inquiry and in my apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner heello M.O. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12-12-58 S. Robert Wells. M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate) REMOVAL (Specify) Samples Manor Cemetery Samples Manor 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DAT DEC 1 5 '58

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CERTIFICATE OF DEATH 11,216

14334

	120.	LU G-IIIII	0		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md .	nere deceased lived. If institution b. COUNTY		odmission)
b. CITY OR TOWN (I RURAL and give no Hagers	If outside corporate limits, write garest town) COWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write R	URAL and give neares	st town)
d. NAME OF HOSPIT OR INSTITUTION Washing	ton County Ho	oddress) Ospital	/ d. STREET ADDRESS 1756 Pe	nnsylvania A	TO	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Lessie	Middle	Frenary	4. DATE OF DEATH		Yeor 19 58
female	6. COLOR OR RACE 7. MAR. WIDOW		May 18, 189	9. AGE (In years lost birthday) 68 yrs.	Months Days F	UNDER 24 HRS, Hours Min.
00 USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. king life, even if retired) WIIE	KIND OF BUSINESS OR INDU	Rowlesbu	rg, W. Va.		WHAT COUNTRY
3. FATHER'S NAME	Lemuel Carrid	0	14. MOTHER'S MAIDEN N	Sarah C. C	asseday	
	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. 1 13-10-683 Gi	bson S. Tre	nary, Hagers	town, Md	
THE CO. LEWIS CO., LANSING MICH.			ry occlusion			AND DEATH OP'S.
couse (o), stoting lying couse lost.	the under- CC DUE TO					
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED? 'ES NO
	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port II of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	19 While of wor	k of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	3	(County)	(5tote)
alive on	Charles F. Hes	, and that death	accurred at 2: 201	2-4-58, 19 P.M. from the causes of ADDRESS (Street, city or town, sbung, Md.	and an the date	the deceased stated abave DATE SIGNED
270. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	12-6-58		Cemetery	22d. LOCATION (City, town, of Hagerstown,	Md.	(State)
23. FUNERAL DIRECTOR	s signature Minnich & Soi	ADDRESS 1, Hagerstown		0 150	thun S. Trans	

moy be retain "Tok: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of may be retained by the hospital or ottending physician.

TO FUNERAL DIM TOR: After this certificate has been signed by the attending physician and campletely filled in by it

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VS A15 (4) 15M 9/55

ET SEC MEDIA E-HTUREN SO TREMTRAND STATE CHENYSAM THE STATE OF THE PARTY OF THE STATE OF THE S ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A15 (4) 15M 9/55 00

death. Page 4

14336

14317 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washing	ton		MAR	YLAND	2. USUAL RE	sidence (Whyland	ere deceased live	d. If institution b. COUNTY		before admi	ission)
b. CITY OR TOWN (If RURAL ond give nec	outside corporate limit prest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OI		utside corporate	limits, write R		re nearest for	wn)
d. NAME OF HOSPITA					0.0		erstown				
OR INSTITUTION			ogaress)			ADDRESS	37			ON	A FARM?
	st Worth	Ave			145	East	North	Ave		YES [□ NO 🔀
3. NAME OF DECEASED (Type or print)	HARRY		MARTIN	-	VAGNER	ast	4. DATE OF DEATH	Mon De c	ember	Doy 23	Yeor 19 58
5. SEX			IED NEVER MARRI		8. DATE OF BIE	PTH .			IF UNDER 1		.,
Male	white	WIDOWE		- 4	lov 16	1883	l lc	5 yrs.		ays Hour	-
100. USUAL OCCUPATION	N (Give kind of work on life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	PLACE (Stote	or foreign country) Md	12. CITIZ	EN OF WHA	T COUNTRY
Stitcher		Pa	ngborn C	orp	Beave	er Cri	rek Was	h. Co		USA	
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME				
Hyatt	Wagner					Ella	Martib				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. H	NFORMANT			Addr	ess		
(Yes, no. or unknown) (II	f yes, give war or dates of so		2-14-758	1 Mr			Wagne	r 145	E. N	orth	Aw
	TH [Enter only one co	use per lir	ne for (o), (b), and (c)	11.	Hage	erstor	m Md.			INTERVAL I	
1	H WAS CAUSED BY: IMMEDIATE CAUSE (o	Ce	repral	Her	nonta	al				2	Ass.
443X	DUE TO		./ \		1	1	- 0 1		1		1
Conditions, if on	y, which) the	HUB	extersion	9 - W	Meno I	clisate	a Cara	in Vasi	actor	2 um	1 4
gove rise to im		10	271 2:14011				Del	10 2.41		1	1
couse (o), stating the lying couse lost.	he under-						150	uny			
PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
3 260 XD10	ibetes	11/16	ellitus								ORMED?
PART II. OTHI	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture	of injury in f	Port 1 or Port II of	f item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	Not while	20e. PL/ fac	ACE OF INJURY ctory, street, off	(Home, farm, ice bldg., etc.	, 20f. (City or to	own)	(Co	unty)	(Stote)
21. I certify the	at I attended the	deceos	ed from CCT	-	19.5	6 102	3 DEC	1058	that I la	st sow the	e deceases
olive on 23	Cer.	195	0	death	occurred o	11:50	Its from the				
17	-nD	1	a, ond mor	Geom	occorred o		ADDRESS (Street,				DATE SIGNE
ACTUAL	TNAI	0/2	41		2:	BAN	Poten	115	7	1	41.58
SIGNATURE		1	1		M.O. SAL	7-14-14	-L-W48-285	المستن مساله العالمات	11	05	<i>E-15.29</i>
PHYSICIAN'S NAME (Type)	FLU	shy	/		Ho	(4e)	ntzv	m /	/		
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	AETERY O	R CREMATORY	/	22d. LOCATION	(City, town, c	r county)	(Ste	ote)
REMOVAL (Specify)	12/26/5	8	Rest Ha	ven	Cemet	ery	Hagers	town	Wash.	Co 1	Md.
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'E	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	LATURE	
Andrew K.	Coffman	Hag	erstown	Md.		DATE	2 9 '58	ari	ing S. H	Nation	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14318 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON MARYLAND NGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) HAGERSTOWN YEARS HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 813 YES NO IX STREET VIEW STREET NAME OF First 4. DATE Middle Day Lost Month Year DECEASED (Type or print) McPHERSON SCOTT DEATH WEAVER DECEMBER 195819 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days Hours MALE WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RETTRED aborer WORKS METAL BENEVOLA WASH.CO.MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PETER JOHN WEAVER ELIZABETH TRONE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO VIEW STREET NO 10 3021 MRS MARY WEAVER HAGERSTOWN MD 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) non 9-1958 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Port I or Port II of item 18.) DICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour 0. m While Not while at work of work p. m Japun, 28 1956 that I last saw the deceased 21. I certify that I attended the deceased fram. NOY and that death occurred at 121301. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). 195 DEC FAHRNEYS CEMETERY NEAR MAPLEVILLE WASH.CO.MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR DATER NI O Outhur & Hance

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	14350	CERTIFIC	ATE OF DEATH		12000 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washingt		MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	re deceased lived. If institution by COUNTY Wash	n: Residence before admission)
Hagersto d. NAME OF HOSPI OR INSTITUTION	own Rural	c. LENGTH OF STAY IN 16 32 months address)	c. CITY OR TOWN (If ou Hagerstown d. STREET ADDRESS 604 Antiet	/	RAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) S. SEX	Charles 6. COLOR OR RACE 7. MAR	Middle Thedore	Weddles B. DATE OF BIRTH	4. DATE Month OF DEATH December 9. AGE (In years	
male 10a. USUAL OCCUPATI during most of wo	white WIDOW ON (Give kind of work done 10b. rking life, even if retired)	ED DIVORCED	July 26,187	4 lost birthdoy) 84 yrs.	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
contract 13. FATHER'S NAME Jacob We	tor G	rading	Adams Cou		U.S.A.
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	Mx	INFORMANT	Addre	erstown, Md.
	immediate DUE TO	arteria	al Her l Geler	norska	INTERVAL BETWEEN ONSET AND DEATH AS & 10 420,
200. ACCIDENT W	AS UNDERLYING 20b. DES		T NOT RELATED TO THE TERMIN		N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 20d. I 19 While of war	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State)
actual SIGNATURE	hat I attended the decease the 21, 195 width R. B.		A		1-1-1-

TO FUNERAL DIREC TO HOSPITAL OR may be retained VS A15 (4) 15M 10/57

220. BURIAL, CREMATION, REMOVAL (Specify) burial 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lawn, or county) Waynesboro

(State)

12-24-58 23. FUNERAL DIRECTOR'S SIGNATURE

Price Cemetery
ADDRESS

Scott F. Minnich & Son Hagerstown, Md.

240. REC'D BY REGISTRAR DATE DEC 2 9 '58

arthur S. House

24b. REGISTRAR'S SIGNATURE

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VS A1S (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftr

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1/21

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Washington	13	MARYL	- 11	o. STATE	Md.	ere deceased	d lived. If in		on: Reside		ore admiss	sion)
RURAL ond give	N (If outside corporate limits, e nearest town)	write c. LE	NGTH OF STAY IN		10			rote limits, w	rite R	URAL ond	give ne	arest town	n)
A NAME OF HO	erstown SPITAL (If not in hospitol, give Chestnut St.,	street oddres	47 years		d. STREET A	DDRESS Ches		St.,				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle	1.7	Los		4. DATE OF DEATH		Mon 12		De		Yeor
5. SEX	Abram 6. COLOR OR RACE 7.		NEVER MARRIED		eller DATE OF BIRT	Н	DEATH	9. AGE (In y	rears		R 1 YEAR		19 58 ER 24 HRS.
male	11-0-0	IDOWED 🗌	DIVORCED	Part 19	Sept. 2	0, 18	79	79	yrs.		Duys	Hours	Min.
during most of v	ATION (Give kind of work don vorking life, even if retired) Laborer		of Business or employed			g Spr	ing, 1				S.A		COUNTR
A	dam Weller							.1.					
	EVER IN U. S. ARMED FORCES	20 24 50614	1 656110101111111	127 000	DRMANT	Marth	a Snai	ак					
IYes. no or unknown)	(If yes, give wor or dates of service	:e	16-1100		. Elvi	e Well	ler	Hage	Addr	town,	Md	•	
Conditions, if gove rise to couse (o), stotillying couse loo Part II. (Prosts 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	immediate ng the under- st. DUE TO (c) DTHER SIGNIFICANT CONDIT ATE hypertro WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	ions contr	cerebra	TH BUT NO al a CURRED. (DT RELATED TO rteri Enter noture o	oscle	rosi	S; Ce	re	bral thro	RT 1(o) I	9. WAS	AUTOPSY PRMED? NO
20c. TIME OF INJ Hour o. n p. n	n		Not while_	foctor	OF INJURY (y, street, office	bldg., etc.)	20f. (City	or town)		((County)		(Stote)
21. I certify of of the on De actual signature Physician's B Name (Type)	that I attended the dec. 2	19 58 ers Q	_, ond that d	16 death o	ccurred at	2:40A West	Was	the cous reet, city or th hingt	es o	nd an t	he da		decease ed abov ATE SIGNE 58
220. BURIAL, CREMAN REMOVAL (Speci burial			NAME OF CEMET		REMATORY			ION (City, to		r county)		(Stote	
23. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS			240. REC'D	BY REGIST	RAR 24b. I	REGIS	TRAR'S SI		RĘ	

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L			432	CERT	IFIC	ATE OF D	PEATH	1		Reg. Di	st. No.		
1.	PLACE OF DEATH a. COUNTY Washing	ton		MAR	YLAND	a. STATE	dence (where the same state of	the bear of	b. COUNTY		deric		n)
		If outside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b				rate limits, write l				
	Hagersto			3 days		1	hurmo	ont.			10x	- 2	
		TAL (If nat in haspitol, g	ive street			d. STREET A		74.0			e.	IS RESID	
L		ton County	Hospi	ital	-	N	loser	Road			,	YES 🗌	
3.	NAME OF DECEASED	Fir		Middl	e	Las		4. DATE	Ma	nth	Day	Ye	ear
	(Type or print)	Rich	ard	Olie	9	Weller	•	OF DEATH	Decemb	er	3	19	58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARE	IED 🔲	8. DATE OF BIRTI	Н		9. AGE (In years last birthdoy)	IF UNDER	1 YEAR IF		24 HRS
	Male	White	WIDOW	ED DIVORC	ED 🗍	Oct. 3	80, 19	808	50 yrs.		Days I	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar fareign co	ountry)	12. CI	TIZEN OF	WHAT C	OUNT
	Upholste	king life, even if retired	' l	Jpholsteri	ng	Fred	lerick	Co.	Md.	7	U.S		
13.	FATHER'S NAME	793730				14. MOTHER'S					0.0		
1	Olie M.	Weller					S	arah	Stull				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N		NFORMANT			Add	lress	TAE		
111	Yes	(If yes, give mor or deter of s	ervice) PI	17-05-398	1	Isabell	L.	Welle	r Th	urmor	it, N	lary	rla:
F	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]						LINTER	AL BETY	WEEN
	PART I. DE	ATH WAS CAUSED BY:		Respirato	ry fa	ailure						AND D	
	237X	DUE TO		***************************************				1000			13	min	IULGE
	Conditions, if o	au which \		Cerebral e	adems						2	dos	
	gove rise to i	mmediate (OCICOIGI (Jacine						-	day	S
	lying cause last.	the under-	4	Brain tume	or (c	perated)					3 m	onth	ST
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS AL	JTOPS'
FIC	20m ACCIDENT W	AS HAIDERIVING TO	20h DEC	CRIBE HOW INJURY	CC LIDE	D /F-t	fining in 1	Doct Los Doct	H of item 101		Y	ES 📉	NO [
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH	200. 003	CAIDE HOW HAURT	CCURRE	D. (Enter notifie o	i injury in	on corron	ii oi iiein 10.)				
	20c. TIME OF INJUI		nr 204 II	NJURY OCCURRED	20e Pt	ACE OF INJURY	Hama form	206 (City	or town)	4.	Country	-	151.
MEDICAL	Hour a. n.	19	While	Not while	fo	ctary, street, affice	bldg., etc	.) 201. (City	or lown)	(1	County)		(State
E	p. m.		at war										
Е		nat I attended the											
	alive on Dec	cember 3	, 12_	28_{-} , and tha	t death	occurred at					he date	stated	abo
	ACTUAL	7 -	~					ADDRESS (St	reet, city ar town,	state)		DAT	E SIG
	ACTUAL SIGNATURE	7.1.	Lu	dulla		M.D							
	PHYSICIAN'S NAME (Type)	A.F. Abd	ıHa	h .									
22	. SURIAL, CREMATIC	ON, 226. DATE THEREC)F	22c. NAME OF CEA	AETERY C	R CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(State)	
	BENDYA (Specify	12-6-58	3	Blue F	Ridg	e Cemet	ery		rmont,		rland		
23		STIGNATURE	4	ADDRESS			240. REC'	D BY REGIST		STRAR'S SI			
内	aymond E	. Creager	T	nurmont,	Mar	yland	DATE	8 158	0	- 0 1	-		
	4	0		7				86. 12	1 & 1 mA	W7 & \$	Links.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after drath. Page 4 may be retained by the haspital or attending physician. VS A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14391 **CERTIFICATE OF DEATH**

22d. Od TION (City, town, or county)
Hagerstown Wash.

24b. REGISTRAR'S SIGNATURE

Civilian S. Frank

240. REC'D BY REGISTRAR DEG 2 9 '58

DATE

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	210%				Keg. Dist	. No. 000
1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Who state was a state		d lived. If institution, Residence b. COUNTY Washington	
b. CITY OR TOWN (IF BURAL and give nec		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		erate limits, write RURAL and give	ve nearest town)
OR INSTITUTION	al (If not in hospital, give street unty Hospita		d. STREET ADDRESS 703 Maryl	and	A Ve	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNA	MAY	WENTLING	4. DATE OF DEATH	Month December	Doy Year 25 19 58
5. SEX Female	White widow		B. DATE OF BIRTH Oct 22 188		last birthday) Months C	YEAR IF UNDER 24 HRS Days Hours Min.
Housewif	ng life, even if retired)	Own Home	Middleton	m Fr	ed Co. Md.	TEN OF WHAT COUNTR
	e Ahalt		Nancy		ng	
	IN U. S. ARMED FORCES? 16 yes, give wor or dates of service) 4		arl S. Wentl	ing	703 Maryland	Ave
PART I, DEAT	TH [Enter anly one couse per I H WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (o), (b), and (c).]	Removil	wn M	d.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on	ID	Literio	oller	2		gro.
couse (a), stating the lying couse lost.	he under- DUE TO (c)	ofther	solv	wis		Mo
PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED YES NO
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort I ar Pari	t II af item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	While	6-	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.	20f. (City	or tawn) (Ca	iunty) (State)
21. 1 certify the alive an	as I attended the decear	sed from 12 25, and that death	8 , 19 , to /4 , accurred at 4 , P.	_M, from	n the causes and an the	ast saw the decease a date stated above
ACTUAL	ours /s	> Lan	Mp. 114 8	., 4	MED BALLEY	12/26/5

22c. NAME OF CEMETERY OR CREMATORY
Rose Hill Cemetery

ADDRESS

VS A15 (4) 1SM 9/55



PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

12/28/ 58

Andrew K. Coffman Hagerstown Md.

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		Of Chinase City	
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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14351	CERTIFICATE	OF DEATH

Reg. Dist. No. 14342

	o. COUNTY	hington		MAR	PLAND	o. STATE	laryl	ere deceased live	b. COUNTY	7.7	ngt o	
	b. CITY OR TOWN (IF	autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside carparate	limits, write RU	RAL and give	e nearest to	own)
	Pharosbu			25 yrs.		X Shar	psbu	rg				
	d. NAME OF HOSPITA	64	ive street	address)		/ d. STREET	ADDRESS				10	RESIDENCE N A FARM?
-	NAME OF							Street			162	□иоЩ
3.	DECEASED (Type or print)	Sidne	У	Eugene		Whisne		4. DATE OF DEATH	Dec		Day 11	Yeor 19 58
5.	SEX		7. MAR	RIED NEVER MARRI	ED 🔲 8.	DATE OF BIRT	ГН	9. 4	GE (In years	FUNDER 1 Y		
1	Male	White	WIDOW	ED DIVORCE	D	larch	9 18	75	83 yrs.	Months De	ys Hou	rs Min.
100	. USUAL OCCUPATION	N (Give kind of work ng life, even if retired	done 10b	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHP	LACE (State	or foreign countr	7)	12. CITIZE	N OF WH	AT COUNTRY
R	et d For		S	teel Mill		WE 8	TV T	RGINIA		U.	S.	A
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				-
	Te	sac Whis	nan			Ju	lia S	Stotler	,			
15.	WAS DECEASED EVER			SOCIAL SECURITY NO). 17. IN	ORMANT	٠٠٠ واب عليه والدو	- 00 0101	Addre	15		
IYe	I.O	yes, give wor or dates of s	ervice		1	Mr. Eu	igene	Whisn		Main		ia
		TH [Enter only one co	use per li	ine for (o), (b), and (c)	10	00	7.	0			INTERVAL	BETWEEN ND DEAJH
	00.4	IMMEDIATE CAUSE ()	Cone	Ma	2	Cen	wach	use	2	6.7	reals
	334X	DUE TO		0	2	/ -	7	rosp			50	no 1
	Canditions, if on gove rise to im)	senh	des	el a	rler	NO RIE	esso		0 00	dust of
	cause (a), stating th											
	lying couse lost.) (c)									
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1	PER	AS AUTOPSY REORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED.	(Enter noture o	of injury in f	Port I or Part II o	f item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while	20e. PLAC	E OF INJURY of the street, office	Home, form e bldg., etc.	, 20f. (City or t	own)	(Cou	nty)	(Stote)
	21. I certify the	at I ottended the	decens	ed from Cl	ua	1, 1958	to 1	ler &	1044	that I lea	t conse th	e deceased
	alive on	, ronunded me			dada	11		AA 6 AL				
	diive on	4	1/2-	, and that	dealli (occurred of		ADDRESS (Street,			dote st	DATE SIGNED
	ACTUAL SIGNATURE	1. n.	TI	1101		*)	12 11	Poting	an A	olej		17-10-5
	SIGNATURE	- Grade	1.1	rui	M	D	170	nature	2 001			OX /
	PHYSICIAN'S NAME (Type)	JOHN	D	TU	RCC	mo	HUG	- acres	1			
220	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCATION	(City, town, or	county)	(S	tote)
1	REMOVAL (Specify)	Dec. 14	-58	Mt. Vie	w Ce	metery	7	Sharp		Haryl		
23.	FONERAL DIRECTOR'S	SIGNATURE	25/2	7 ADDRESS	L . 3:	27 []	24a. REC'E	BY REGISTRAR	24b. REGIST	RAR'S SIGNA	ATURE	
6	West	Leof Ul	TELL	conspect	9//	Le	DATEEC	1 5 '58	arthu	17 8. Ku	all	
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VS A1S (4) 15M 9/S5

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14322 **CERTIFICATE OF DEATH**

14344 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Wa	shington			MARYLAND	2. USUAI o. STA	TE .	rylai	-	d lived. If i b. CC		Wash:			sion)
b. CITY OR TOWN (IF RURAL and give nec Hagers	arest town)	ts, write	c. LENGTH OF	STAY IN 16	c. CIT		vn (If ou		rote limits,	write RU	RAL and	give neo	rest tow	n)
d. NAME OF HOSPITA OR INSTITUTION 1232	Ravenwood				d. STI	12		avenw	ood He	igh	ts			FARM?
3. NAME OF DECEASED (Type or print)	ERNE:			Aiddle AUL	WO	Lost LFE	SR.	4. DATE OF DEATH		Month		Do:	•	Year 1958
5. sex Male	6. COLOR OR RACE White	7. MARR		AARRIED	B. DATE OF	e 8,	1904		9. AGE (In last birth 54		Months	Days .	Haurs	ER 24 HRS. Min.
Inspecto	ng life, even if relired	1	KIND OF BUSIN		ft W	ashi	ngto	n Cou	ountry) nty, Mo	ı.		TIZEN O	F WHAT	COUNTRY
	liam D.Wol:							AME Da vi s						
NO !	t yes, give wer or dates of s	ervica)		Mrs	HE.P.	(2000C	e Sr	.1232	Ravei	Addre	"Hage d Ht	erst	own,	Md.
	TH (Enter only one come of the WAS CAUSED BY: IMMEDIATE CAUSE (come of the come of the com	Cin	o for (0), (b), or	Docher	uen	(1 M	att	uk)				ONS	RVAL BE ET AND	DEATH
Canditians, if an gave rise to imcause (o), stoting to lying cause lost.	mediate (Con	mung O	chin	in (2*	11)				21	hu	rk
CATIC	ER SIGNIFICANT CON										N IN PA	RT 1(a) 1	P. WAS PERFO YES	RWEDS
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJ	URY OCCURRE	D. (Enter no	iture of in	jury in Po	art 1 ar Par	t II of item	18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	ar 20d. IN While at warl	Not while at work	D 20e. Pt	ACE OF IN.	IURY (Han , affice blo	ne, farm, dg., etc.)	20f. (City	or tawn)		(County)		(Stote)
21. I certify the alive an // W. ACTUAL SIGNATURE	at I attended the	decease , 195		that death	occurre					ises an	nd on t		te stat	deceased above
PHYSICIAN'S NAME (Type)	FFLUS	rby!			<u>/</u>	tag	eps	lms	1 11	1				
220. BURIAL, CREMATION REMOVAL (Specify) Burial	12/14/5	/		r CEMETERY C		0			TION (City, ersto		county)		(Stot	
23. FUNERAL DIRECTOR'S Rest Haven		apel	Inc. Hage	erstown	n,Md.		o. REC'D	BY REGIST		. REGIST	RAR'S SI	Kan		
When.	a. V	to.	20 0											

MARYLAND STATE DEPARTMENT OF MEALTH—BALTIMONE, 18
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